



RUN REPORT MANUAL

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INTRODUCTION

The EMS patient/run record (run report) data system is designed to generate information useful for EMS managers, providers, and planners responsible for efficient and effective patient care. This data system is part of an EMS management information system which links, via computer, patient records from the scene (traffic report, EMS patient/run report), emergency department and the hospital (discharge diagnosis data) to evaluate patient outcome. This enables Maine EMS to compare patient outcome using any of the computerized variables in each of the four data bases. The areas that are particularly important to linkage are indicated in this manual.

EMS patient/run report data is processed by the EMS Data/Research Unit of the Maine Health Information Center (MHIC), (207-623-2555). The data unit staff are responsible for coding, editing, entering and updating the data and for preparing routine and special reports. The actual research copies of the patient/run report for the current year and three previous years are kept on file at the EMS Data/Research Unit. In addition, computer capabilities at the MHIC enable the data unit staff to have interactive access to the data stored in the computer file. The dual storage allows all questionable numbers to be verified, both by the computer and using the actual records. It also permits continuous updating and editing of the data base as errors are detected. Thus, the more the system is used, the better it gets.

The patient/run report data system serves the following functions in the EMS delivery system.

1. Promote the efficient and effective transfer of prehospital information to emergency department personnel for the purpose of assuring continuity of care for the patient.
2. Document prehospital events for legal purposes.
3. Provide management information to each ambulance/non-transporting service and emergency department.
4. Provide data to evaluate the performance and impact of EMS regionally and statewide.
5. Provide data to EMS managers and providers for long-term planning purposes.

This Manual has been prepared to serve as a source of reference to EMS services and emergency department personnel completing the EMS patient/run report. The manual's format presents each section of the EMS patient/run report followed by the instructions for that section.

Feedback

Each participating transporting and non-transporting service receives quarterly and annual reports. These reports present the data for the service along with regional and statewide data. The usefulness of these reports is contingent on the accuracy and completeness of the data submitted.

These quarterly and annual reports include the following (some sample reports are included in Appendix K):

- Vital Signs Completion Analysis
- Number of Runs by Type of Call (medical & trauma categories)
- Response Times (Average and Frequencies)
- Total Runs per Type of Run (Emergency, Transfer, etc.)
- Peak Activity by Day of Week
- Type of Call (Medical & Trauma Categories) by Town.
- Total Patients Receiving ALS Treatment, by EMS License#

State and regional EMS offices receive quarterly and annual summaries of data for each service (by region) along with regional and statewide totals. Special reports may be generated upon request. The EMS data system is flexible and capable of providing data in the format most practical to the user. In certain situations, there may be charges for special data requests.

EMS services and hospitals may get their data via computer disk at no charge. Contact Maine EMS for details.

Confidentiality

The information contained in these records is part of the patient's medical record and is therefore considered confidential. Services are required to provide this information to Maine EMS and there is statutory protection to assure that the confidentiality is maintained when given to Maine EMS.

HIPAA Privacy Rule and summary for compliance (found in Appendix J)

Maine statutes related to run reports (found in Appendix J) are:

- 🌀 32 MRSA Chapter 2-B § 92 Confidentiality of Information
- 🌀 32 MRSA Chapter 2-B § 92-A Records of Quality Assurance Activities
- 🌀 22 MRSA Chapter 711 § 3022.7 Office of the Chief Medical Examiner
- 🌀 1 MRSA Chapter 13 § 402.3 Definitions (Public Records)

Before copies of this patient/run report or any information contained therein is released, services should establish a written policy/procedure that has been reviewed and approved by the service's legal counsel. Strict compliance with this procedure should be explained to all personnel.

| <div style="display: flex; align-items: center;"> <div> PRESS DOWN, YOU ARE MAKING THREE COPIES RUN REPORT # 729151 </div> </div> | | | | | | | | | | Mo. | Day | Year | M T W Th | F S SUN | SERVICE NAME | SERVICE NO. | VEHICLE NO. | ALS <input type="checkbox"/> Performed <input type="checkbox"/> Back-Up <input type="checkbox"/> Called | SERVICE RUN NO. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|-----------------------------|-------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--|--|-----|-----|------|-------------------|---------------|--------------|-------------|-------------|------------------------------------------------------------------------------------------------------------------|-----------------|
| NAME | | | | | | Insurance: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Insured <input type="checkbox"/> Other <input type="checkbox"/> Self-Pay <input type="checkbox"/> None <input type="checkbox"/> Unknown | | | | | | | | | | | | | |
| STREET OR R.F.D. | | | | | | | | | | | | | | | | | | | |
| CITY / TOWN | | | | STATE | | ZIP | | | | | | | | | | | | | |
| AGE / DATE OF BIRTH | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | PHONE | | | | | | | | | | | | | | | |
| INCIDENT ADDRESS | | | SITE CODE | | CITY / TOWN | | | | | | | | | | | | | | |
| LOCATION: TRANSPORTED TO: | | | TREATING / FAMILY PHYSICIAN | | | | CREW LICENSE NUMBERS | | | | | | | | | | | | |
| TRANSPORTATION / COMMUNICATIONS PROBLEMS | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Medical <input type="checkbox"/> Cardiac <input type="checkbox"/> Poisoning/OD <input type="checkbox"/> Respiratory <input type="checkbox"/> Behavioral <input type="checkbox"/> Diabetic <input type="checkbox"/> Seizure <input type="checkbox"/> CVA <input type="checkbox"/> OB/GYN <input type="checkbox"/> Other <input type="checkbox"/> Cardiac Arrest/ Code 99 </div> <div style="width: 45%;"> <input type="checkbox"/> Trauma <input type="checkbox"/> Multi-Systems Trauma <input type="checkbox"/> Head <input type="checkbox"/> Spinal <input type="checkbox"/> Burn <input type="checkbox"/> Soft Tissue Injury <input type="checkbox"/> Fractures <input type="checkbox"/> Other _____ <input type="checkbox"/> Concern Suicidal </div> <div style="width: 45%;"> <input type="checkbox"/> AOB / ETOH <div style="border: 1px solid black; padding: 2px; margin: 5px;"> MVA <input type="checkbox"/> Auto/Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Used <input type="checkbox"/> Not Used <input type="checkbox"/> Snowmobile <input type="checkbox"/> ATV <input type="checkbox"/> N/A <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicycle <input type="checkbox"/> Helmet <input type="checkbox"/> Child Seat <input type="checkbox"/> Marine <input type="checkbox"/> Aircraft <input type="checkbox"/> Airbag </div> <input type="checkbox"/> MEDICATIONS <input type="checkbox"/> ALLERGIES </div> <div style="width: 15%;"> R L Lung Sounds <input type="checkbox"/> Clear <input type="checkbox"/> Absent <input type="checkbox"/> Decreased <input type="checkbox"/> Rales <input type="checkbox"/> Wheeze <input type="checkbox"/> Stridor </div> <div style="width: 15%;"> TYPE OF RUN <input type="checkbox"/> Emergency Transport <input type="checkbox"/> Routine Transfer <input type="checkbox"/> Emergency Transfer <input type="checkbox"/> No Transport <input type="checkbox"/> Refused Transport <input type="checkbox"/> Standby <input type="checkbox"/> Cancelled Enroute </div> <div style="width: 15%;"> TIME CODE <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px;"></div> <div>Call Received</div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px;"></div> <div>Enroute</div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px;"></div> <div>At Scene</div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px;"></div> <div>From Scene</div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px;"></div> <div>At Destination</div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px;"></div> <div>In Service</div> </div> </div> </div> | | | | | | | | | | | | | | | | | | | |

MUTUAL AID:
 Assisted/Assisted by Service # _____ Time Called: _____
PATIENT'S SUSPECTED PROBLEM:

☐ Medication Administered
☐ Monitor
☐ Pacing
☐ Paramedic Interfacility Transfer

☐ Defib C-Vert ☐
☐ Chest Decomp
☐ Cricothyrotomy

MEDICAL CONTROL
☐ Written Order/Protocol
☐ Verbal Order/Protocol
IV
☐ SUC LIC. # _____
☐ UNSUC LIC. # _____
ET
☐ SUC LIC. # _____
☐ UNSUC LIC. # _____

| | | LIC# | EKG RHYTHM | TIME | MEDS / DEFIB / C-VERT | MED # | DOSE W/S | ROUTE |
|----------------------------------------------------------------------------|---------------------------------|------|------------|------|-----------------------|-------|----------|-------|
| Cleared Airway | Extrication | | | | | | | |
| Artificial Respiration/BVM | Cervical Immobilization | | | | | | | |
| Oropharyngeal Airway | KED/Short Board | | | | | | | |
| Nasopharyngeal Airway | Long Board | | | | | | | |
| CPR-Time: | Restraints | | | | | | | |
| Bystander CPR | Traction Splinting | | | | | | | |
| AED-Time | General Splinting | | | | | | | |
| Suction | Cold Application | | | | | | | |
| Oxygen-LP Min <input type="checkbox"/> Nasal <input type="checkbox"/> Mask | Blood Glucose | | | | | | | |
| Pulse Oximetry | Assist w/Pt. Meds | | | | | | | |
| Autovent | Spinal Assessment Protocol Used | | | | | | | |

NAME OF E.D. TREATING PHYSICIAN

SIGNATURE OF CREW MEMBER IN CHARGE

DESCRIPTION OF THE PATIENT/RUN REPORT

The patient/run report is a four-part form. For *all EMS services* (both transporting services and non-transporting services), when the patient/run report has been completed, it is distributed as follows:

Original (Copy)

Copy one of the patient/run report is the original copy. It is labeled “HOSPITAL” in the lower left hand corner.

The purpose of part one is to provide a copy for the hospital to use and include in the patient’s hospital record. This record is important enough that hospitals *are required* to have the ambulance patient/run report in the patient’s medical records by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO).

As much as possible, services should strive to leave a completed copy of the patient/run report at the hospital before they leave. It is understood that in rare circumstances, there may be occasions when it is not possible to complete the patient/run report before it is necessary to leave the hospital. In these situations, the services should complete the patient/run report and return the original copy to the hospital as soon as possible.

Non-transporting services should strive to provide as much information as possible on this copy and give it to the ambulance that transports the patient. It may not be possible for a non-transporting service to provide a fully completed patient/run report due to the circumstances at the scene.

Transport of a patient should not be delayed due to lack of a completed patient/run report.

Copy Two

This copy is intended to be retained by the EMS service. Before separating copies 2, 3, and 4 for further distribution, please give a final check to assure the accuracy and completeness of the report.

The reverse side of copies one and two contain a patient refusal form. The patient refusal form should be used in the event of a no transport, refused transport or refused treatment run.

Copy Three

This is the research copy that is to be sent to Maine Health Information Center (MHIC), in chronological order, by the 15th of each following month. MHIC/Maine EMS will provide postage-paid envelopes to facilitate this requirement.

Copy Four

This is a second copy for use by the ambulance service as needed. This copy is used in a number of ways, such as regional Quality Improvement programs and billing purposes. The reverse side of this copy contains the description of codes needed to complete the run report.

NOTE:

On the reverse side of copies one and two there is a printed refusal form to assist services with a call that turns out to be, a refusal of treatment(s) and/or transport. Fill in the boxes that best apply to the situation at hand and have the patient sign the refusal form in the appropriate area. This is addressed in greater detail under refused transport on page 14.

If there is a question as to needing a patient or witness signature on the form, then please consult your service's legal counsel since they would be representing you in the event of litigation.

Sample Refusal Form:

Competent Patient

1. ☐ EMS feels transportation is indicated. This is to certify that I, _____ am:

☐ Refusing treatment.

☐ Refusing transfer offered by the EMS service and its representatives. I acknowledge that I have been informed of the risk involved and hereby release the licensed emergency medical persons, the Regional Medical Director and his designees for all responsibility for my ill effects which may result from this action.

2. ☐ The patient **refuses** EMS evaluation and transport, EMS feel that transport is not warranted.

3. ☐ The patient is evaluated by EMS and then **refuses** transport, EMS feels that transport is not warranted.

4. ☐ The patient requests transport, EMS evaluates the patient and feels transport is not indicated. On-Line Medical Control Contacted: _____

OLMC Order

- ☐ Transport
- ☐ **No** Transport. The patient is advised to seek medical care through alternate means of transportation.

Incompetent Patient

- ☐ On-Line Medical Control requests transport.
- ☐ On-Line Medical Control agrees medical transport not needed.
- ☐ The patient or nearest relative is advised to seek medical care through alternate means of transportation.

Electronic Reporting

For EMS services that are using electronic patient/run reports and wish to file their research run reports electronically, please see APPENDIX H. This appendix lists the run report data structure that is required by MHIC in order to complete PC data entry. Services that choose to file their reports electronically must make the comment section for the run report available on diskette and the report needs to be entered by a member of the crew that was on the call.

Continuation Sheets

A second form/sheet has been developed to record data which does not fit on a patient/run report. This form/sheet may be used during complicated advanced life support runs, and should be used anytime additional comment space is needed.

The Continuation Sheet consists of an original and three copies. The copies should be distributed in the same manner as the EMS patient/run report and should always accompany the appropriate copy of the patient/run report (copy 1 with copy 1, etc.)

Distribution of the Continuation Sheet to services is based upon need and is not done automatically. Please call MHIC for a supply of continuation sheets when you need them.

PATIENT/RUN REPORT - How to Complete Each Section

Shaded Sections:

Sections of the patient/run report have been shaded to highlight information, which should be reported to the transporting ambulance crew (if you are completing the patient/run report as a first responder) or to the medical control hospital by radio or telephone (if you are the ambulance crew).

These sections, described in detail later in the Manual, include the following:

- | | |
|--------------------------------------|------------------------------|
| 1. Age/Date of Birth | 9. Respiration |
| 2. Male/Female | 10. Systolic Blood Pressure |
| 3. Treating/Family Physician | 11. Diastolic Blood Pressure |
| 4. Chief Complaint | 12. Pupillary Response |
| 5. Medications the patient is taking | 13. Skin |
| 6. Allergies | 14. Eye Opening Response |
| 7. Time of Vital Signs | 15. Verbal Response |
| 8. Pulse | 16. Motor Response |

If you assure that all of the shaded areas are completed before making your report via radio or telephone, you will be more certain the information you initially give the hospital will be complete.

Fill-In Boxes:

The patient/run report has been designed so that the user can record information using fill-in boxes and narrative. The fill-in boxes save time for both the crew member and the reader. They also facilitate data processing for quality assurance/improvement activities. Fill-in boxes should be used first. Narrative sections should be used to record unique information not indicated by the fill-in box.

It is requested that these boxes be blackened/filled in rather than “x’d” or checked so that marks won’t stray into nearby boxes (especially on copies).

NOTE: Some of the field names listed below have an asterisk “*” before the name. These are fields that are entered into the computer database and can be used for special reports. For a complete list of the fields that are part of the database, please refer to the research copy (Copy 3) of the run report. The data fields that are entered into the computer are identified by a number in the box..

IDENTIFICATION OF SERVICE

| RUN REPORT # | Mo. | Day | Year | M T W Th | F S SUN | SERVICE NAME | SERVICE NO. | VEHICLE NO. | ALS <input type="checkbox"/> Performed <input type="checkbox"/> Back-Up Called | SERVICE RUN NO. |
|--------------|-----|-----|------|-------------------|---------------|--------------|-------------|-------------|-----------------------------------------------------------------------------------------|-----------------|
| 729151 | | | | | | | | | | |

***Date:**

Use numbers to record date of call received. Insert leading zeros if required; for example: January 1, 2003 - 01/01/03.

***Day of the Week:**

Circle day of the run; for example: M = Monday, T = Tuesday, etc.

Service Name:

Enter appropriate name of ambulance or non-transporting service. Services may wish to preprint service name and a format for the billing section on their copies in advance to save time entering this data in the field.

***Service Number:**

Each service is assigned a three-digit code, which should be entered here. (Numbers appear in Appendix A).

Vehicle Number (optional):

This is a code for use by multi-vehicle services. Services using this block should assign a *single* digit number to each vehicle in service.

ALS (optional):

This box has been created to make it easier to hand sort run reports and identify ALS runs. Fill-in “performed” if service provided advanced life support. If back-up is called to provide ALS, fill-in “back-up called” and complete the mutual aid section of the run report as described in the mutual aid portion of the manual. “ALS” (*Advanced Life Support*) means the ability to provide advanced level of medical care, which in the prehospital realm is intermediate, critical care or paramedic. The potential skills may include the following: IV access, advanced airway, cardiac monitoring, and/or oral or parenteral medications.

Service Run Numbers (optional):

Services which assign a sequential number to each run for filing purposes, should record their number in the service run number space.

PATIENT IDENTIFICATION

| | | | | | | | |
|------------------------------------------|--|------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------|--|
| NAME | | | | Insurance: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Insured <input type="checkbox"/> Other <input type="checkbox"/> Self-Pay <input type="checkbox"/> None <input type="checkbox"/> Unknown | | | |
| STREET OR R.F.D. | | | | | | | |
| CITY / TOWN | | | STATE | | ZIP | | |
| AGE / DATE OF BIRTH | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | PHONE | | | |
| INCIDENT ADDRESS | | SITE CODE | | CITY / TOWN | | | |
| LOCATION: | | TREATING / FAMILY PHYSICIAN | | | | CREW LICENSE NUMBERS | |
| TRANSPORTED TO: | | | | | | | |
| TRANSPORTATION / COMMUNICATIONS PROBLEMS | | | | | | | |

Patient Name :

Legibly print the patient's first, middle initial(s), and last name. *This field is blacked out on the research copy (copy 3) in order to maintain patient confidentiality.*

***Home Address:**

Legibly print the patient's home street address, city or town, state and zip code. Only the town, State and zip codes will be picked up by the computer. Personnel are encouraged to enter town codes in addition to or instead of town name whenever possible. **If entering town codes, please pay close attention to accuracy. (See Appendix B).**

***Age/Date of Birth:**

Legibly print **BOTH** age and date of birth. Insert leading zeros if required; for example: patient's DOB is June 7, 1967 - 35 06/07/67

Date of birth is a key field in data linkage. As a convenience, this section is shaded to indicate information that should be obtained prior to making a radio/telephone report to medical control or the transporting ambulance service.

***Sex:**

Fill-in the appropriate box. As a convenience, this section is shaded to indicate information that should be obtained prior to making a radio/telephone report to medical control or the transporting ambulance service.

Patient's Phone Number:

Enter patient's phone number, if known. *This field is blacked out on the research copy (copy 3) in order to maintain patient confidentiality.*

***Incident Location:**

Legibly print the street address, and city or town where incident occurred. Please do not write "same as above" or similar statements. The research copy has patient name and address blacked out, thus correct information may be lost. Only the town code will be picked up by the computer. Personnel are encouraged to enter town codes in addition to town names whenever possible. Both town codes and town names should be entered due to errors of entering codes. If town name is entered, it can be matched to town code. **If entering town codes, please pay close attention to accuracy (See Appendix B).**

***Site Code:**

Enter the two-digit code (found on the reverse of part 4 and in Appendix F of this manual) that best describes where the patient's injury/illness occurred. For example; if the patient was injured in a farming accident you would enter "01." If the patient moved or was moved to another location you should still enter the site code appropriate for the location where the injury occurred.

The exception to this is for transfers (both emergency and routine). For these runs you should note the site code appropriate for the location where the patient was picked up (for example- hospital, nursing home, home) regardless of where the injury occurred.

***Billing Information:**

This section has been provided to assist services in obtaining the information that is needed to process a patient's bill. Fill in the box(es) which are appropriate for the type of insurance that the patient has. There is room provided to fill in the policy numbers in accordance to your services billing policies.

Thus a person with Medicare would have the Medicare box filled in and the policy and group numbers written in on the next line.

Only the fill-in boxes will appear on the research copy (copy 3) of the run report for data collection. All information written in the four blank lines under the insurance fill-in boxes is blacked out on the research copy.

***Transported to:**

Legibly print the **name** of the hospital, nursing home, or other destination for the patient (residence). Use of code numbers (listed in appendix C) is preferred when a destination is a hospital (or contained in the list found in Appendix C of this manual). Please pay close attention to accuracy when writing the hospital code number. Both hospital codes and hospital names should be entered due to errors of entering codes. If hospital name is entered, it can be matched to hospital code. Non-transporting services **should enter the identification number of the transporting service** (listed in appendix A). Non-transporting services may choose to enter the name of the hospital as well as the ambulance service number as follows:

[transported to] MMC Via 215

Treating/Family Physician:

Legibly print the name of the family physician or specialist presently treating the patient who may need to be contacted by emergency department personnel for information about the patient. As a convenience, this section is shaded to indicate information that should be obtained prior to making a radio/telephone report to medical control or the transporting ambulance service. *This field is blacked out on the research copy (copy 3) in order to maintain patient confidentiality.*

Transportation/Communication Problems:

Record transportation problems, which cause unusual delays. This section should also be used to indicate problems with hardware, such as engine or equipment failure. If problems are not encountered, skip this section.

***Crew License Numbers:**

Space is provided to record the license numbers for up to six crew members on the run. This information will be used to monitor skill performance frequency. Crew members should use the 5 digit license number assigned to them when licensed. PLEASE use letters indicating level of license. Thus, Intermediate EMT #65432 should be entered as I 65432.

Please enter the license number for the crew member with the highest capability in the first box (upper left hand corner).

Do not enter the license numbers of crew members from another service who responded to assist your service as an ALS intercept or mutual aid call. Enter only participating

crew members from your own service or licensed EMS personnel who were acting as good Samaritans and not as mutual aid responders.

All non-EMS licensed personnel, such as drivers, physicians, and nurses should use the codes listed in Appendix E.

IDENTIFICATION OF INJURY/ TYPE OF RUN

| | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|----------------|----------|
| <input type="checkbox"/> Medical <input type="checkbox"/> Cardiac <input type="checkbox"/> Poisoning/OD <input type="checkbox"/> Respiratory <input type="checkbox"/> Behavioral <input type="checkbox"/> Diabetic <input type="checkbox"/> Seizure <input type="checkbox"/> CVA <input type="checkbox"/> OB/GYN <input type="checkbox"/> Other _____ <input type="checkbox"/> Cardiac Arrest/ Code 99 | | <input type="checkbox"/> Trauma <input type="checkbox"/> Multi-Systems Trauma <input type="checkbox"/> Head <input type="checkbox"/> Spinal <input type="checkbox"/> Burn <input type="checkbox"/> Fractures <input type="checkbox"/> Other _____ <input type="checkbox"/> Concern Suicide | | <input type="checkbox"/> AOB / ETOH <div style="border: 1px solid black; padding: 2px;"> MVA <input type="checkbox"/> Auto/Truck <input type="checkbox"/> Seat belts <input type="checkbox"/> Motorcycle <input type="checkbox"/> Used <input type="checkbox"/> Snowmobile <input type="checkbox"/> Not Used <input type="checkbox"/> ATV <input type="checkbox"/> N/A <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicycle <input type="checkbox"/> Helmet <input type="checkbox"/> Marine <input type="checkbox"/> Child Seat <input type="checkbox"/> Aircraft <input type="checkbox"/> Airbag </div> | | R <input type="checkbox"/> L <input type="checkbox"/> Lung Sounds <input type="checkbox"/> Clear <input type="checkbox"/> Absent <input type="checkbox"/> Decreased <input type="checkbox"/> Rales <input type="checkbox"/> Wheeze <input type="checkbox"/> Stridor | TIME | CODE | Call Received | ODOMETER |
| | | | | | | | | | Enroute | |
| | | | | | | | | | At Scene | |
| | | | | | | | | | From Scene | |
| | | | | | | | | | At Destination | |
| | | | | | | | | | In Service | |

*Type Illness/Injury (Medical, Trauma, Code 99):

Fill-in appropriate box (es) indicating the category which best describes the type of primary problem(s) experienced by the patient. You may fill-in more than 1 box. This information is used for quality of care audits. If none of the categories are suitable, fill-in "Other" and legibly print, in the space provided, the title of a suitable category.

Examples:

1. A 72-year-old male with a cardiac history is caught in a flash fire when he lights the gas grille. He presents with burns on his arms, face and singed hair; he is complaining of severe chest pain which is radiating to his jaw and left shoulder/arm. This patient would have the boxes for burns and cardiac filled-in.

2. A 72-year-old male with a cardiac history is caught in a flash fire when he lights the gas grille. He presents with burns on his arms; his only complaint is pain in both arms and hands, he denies chest pain and has no cardiac signs/symptoms. This patient would have the trauma heading filled-in as well as the box for burns.

Cardiac Arrest/Code 99: Fill-in this box if the patient experiences cardiac arrest (either medical or trauma related).

Concern Suicide: Fill in this box for patients, who have, relevant to this call/run, expressed or displayed any suicidal tendencies or attempts.

AOB/ETOH:

Fill-in this box for patients where there is a concern about either alcohol on the patient's breath or the nature of the call is related to the patient's use and/or abuse of alcohol.

***MVA:**

If the call is related to a motor vehicle accident, or any of the following are relevant to the patient's accident, please fill in the appropriate box(es) that apply:

Auto/ Truck - fill in this box if the patient was inside an automobile or truck at the time of the accident.

Motorcycle - fill in this box if the patient was on a motorcycle at the time of the accident.

Snowmobile - fill in this box if the patient was on a snowmobile at the time of the accident.

ATV - fill in this box if the patient was on any type of off road ATV at the time of the accident.

Pedestrian - fill in this box if the patient was struck by any of the above or by a bicycle.

Bicycle - fill in this box if the patient was riding/operating a bicycle at the time of the accident.

Marine - fill in this box if the patient was either a passenger, operator or struck by of any type of boat or personal watercraft.

Aircraft - fill in this box if the patient was either a passenger, operator or struck by any type of aircraft.

Restraints: Seat belt

| | |
|------------------|--------------------------------------------------------------------------------|
| Used: | the patient was wearing a seatbelt. |
| Not used: | the vehicle was equipped with a seat belt, but the patient was not wearing one |
| N/A: | the vehicle was not equipped with a seatbelt (e.g. motorcycle) |

Helmet: Fill-in if the patient was wearing a helmet as part of an activity in which the patient was engaged (*i.e. helmet worn while motorcycling, bicycling, snowmobiling, etc.*).

Child seat: Fill-in if the patient was in a child seat.

Airbag: Fill-in if car was equipped with an airbag *and the airbag deployed*.

Example: A car accident involving a 2 year old who was in a car seat (that was not secured to the vehicle) would have the following boxes filled in:

*Auto/Truck
Seat Belt Not Used
Child seat*

***Lung Sounds:**

Fill-in the box (es) that best describe the patient's lung sounds by (R) Right and (L) Left sides.

Chief Complaint:

Legibly print the patient's chief complaint (why EMS was called).

As a convenience, this section is shaded to indicate information that should be obtained prior to making a radio/telephone report to medical control or the transporting ambulance service.

Medication/Allergies:

Fill-in the appropriate boxes indicating if the patient is taking medications or suffers from allergies. Space is provided for you to describe the medications and/or allergies.

As a convenience, this section is shaded to indicate information that should be obtained prior to making a radio/telephone report to medical control or the transporting ambulance service.

***TYPE OF RUN:**

Seven types of runs are listed. Fill-in the box that best describes the type of run according to the following definitions.

Emergency Transports: The emergency transport is defined as an unscheduled call for immediate ambulance transport from a location *other than a hospital or MEMS approved health care center*. At the time the crew responds, the call is considered a true emergency and response times are as short as possible. The

patient is usually transported to a hospital or MEMS approved health care center. Calls responded to by the ambulance service in as short a time as possible are considered “emergency” regardless of the true life and death status of the patient.

Routine Transfer: The routine transfer is elective and scheduled. It may be postponed without jeopardizing the health of the patient. Response times are usually longer than for an emergency transport. These runs include transfers from the home to an office/hospital, or transfers between nursing home/hospital or health care center for scheduled diagnostic procedures. If the patient goes into cardiac arrest during a routine transfer or otherwise has a change in condition which is an emergency, the run should still be designated a routine run. We will be able to identify these as “true emergencies” from the treatment boxes.

Emergency Transfers: The emergency transfer includes transferring patients from one hospital to another for more definitive care. This is *not* the same as “Emergency Transport” which is described above. This is an unscheduled transfer which cannot be postponed without jeopardizing the health of the patient.

No Transports: Runs for which no patient is transported should be checked as “no transport.” These runs include deaths at the scene who are not transported to the ED for the certification of death. Do not check this box for patients who refuse transport.

Refused Transport: Runs involving patients who refuse transport should be filled-in as “refused transport.” If the patient is not transported, the release form, on the back of copy one and/or two, should be signed by the patient with the appropriate box filled in. A service should develop a written policy that addresses which copy of the run report should be signed by the patient and what is done with copy one of the run report if the patient is not transported.

If there is a question as to needing a patient or witness signature on the form, then please consult your own service’s legal counsel on this issue as they would be representing you in the event of litigation.

Standby Coverage: Fill-in this box if the service was requested to respond to an unscheduled event for the sole purpose of providing immediate medical care in the event that it was needed. The unit remains staffed and on scene for the sole purpose of treating patients. Do not use this box for sports events, etc.

Example: police standby for hostage situation, or fire department standby when the EMS crew’s responsibility is to treat patients and not firefighting

Canceled Enroute: Fill in this box if the service was dispatched to a call and canceled prior to arrival on scene or if there was no patient contact.

Examples:

1. *Dispatched to a 10-55 and canceled by police prior to arrival, or dispatched to a scene and the patient was gone upon arrival*
2. *Dispatched to provide ALS Back-up and canceled enroute and had no patient contact.*

TIMES AND ODOMETER READINGS:

***Time:**

All entries must be *military time only* (see appendix D) 0001 to 2400 hours.

| TIME | CODE | | ODOMETER |
|------|------|----------------|----------|
| | | Call Received | |
| | | Enroute | |
| | | At Scene | |
| | | From Scene | |
| | | At Destination | |
| | | In Service | |

- a) ***Call Received:** When the call for assistance is received by the dispatch center from the party requesting the assistance.
- b) **Enroute:** When the unit leaves the station and is enroute to the scene.
- c) ***At Scene:** This box has been divided by a dashed line for use by services who may have personnel that arrive on the scene and are able to provide some form of care before the ambulance/rescue vehicle arrives. In such cases, *the area above the dashed line should be used to record the time personnel first arrived and began treatment - the area below the dashed line should record the time that a service's ambulance/rescue vehicle arrived.*

- d) ***From Scene:** When the unit leaves the scene.
- e) ***At Destination:** When the ambulance arrives at the hospital.
- f) **In Service:** When the ambulance or non-transporting service is ready for service again.

***Code (level of response):**

The purpose of this box is to gather information regarding the level of response the service had to a call.

The two areas where a number should be entered are:

- 1) “Enroute” showing the level of response *to the scene of the emergency*, and
- 2) “From scene” showing the level of response *from the scene to the destination*.

If your level of response changes, please enter the *highest* level used, as follows:

- Code 1: No emergency lights or sirens - operated with the normal flow of traffic.
- Code 3: Emergency lights and siren used in accordance with the Maine Motor Vehicle Statutes, 29-A MRSA. (see Appendix I for a copy of 29A§2054)

Odometer:

Enter odometer readings for Call Received, At Scene, and At Destination. Odometer readings will not be entered in to the data system and should be entered according to your services policy.

ASSESSMENT OF PATIENT AT THE SCENE AND ENROUTE

| TIME | PULSE | RESP | BP | PUPILLARY RESPONSE | SKIN | EYE OPENING RESPONSE | VERBAL RESPONSE | MOTOR RESPONSE | CAPILLARY REFILL |
|------|-------|------|----|--------------------|------|----------------------|-----------------|----------------|------------------------------------------------------------------------------------------------------|
| | | | | | | 4 3 2 1 | 5 4 3 2 1 | 6 5 4 3 2 1 | <input type="checkbox"/> Normal <input type="checkbox"/> Delayed <input type="checkbox"/> None |
| | | | | | | 4 3 2 1 | 5 4 3 2 1 | 6 5 4 3 2 1 | <input type="checkbox"/> Normal <input type="checkbox"/> Delayed <input type="checkbox"/> None |
| | | | | | | 4 3 2 1 | 5 4 3 2 1 | 6 5 4 3 2 1 | <input type="checkbox"/> Normal <input type="checkbox"/> Delayed <input type="checkbox"/> None |

As a convenience, this section is shaded to indicate information that should be obtained prior to making a radio/telephone report to medical control or the transporting ambulance service.

Record the military time when patient assessment is performed at the scene and enroute. Three spaces are provided for vital signs, pupillary response, and skin. Use these spaces as necessary, recording the time each assessment is done. Record under pupillary response whether reaction to light is normal. Under skin, use an adjective which best describes significant color, temperature, and moisture findings. Remember to record “quality” findings (for example “regular” under pulse). Systolic BP determined by palpation should be written with a “P” in the diastolic box (for example “80/P”).

If you do not take a particular vital sign, leave the box blank. DO NOT use a zero “0” in these cases. A zero should only be entered when a vital is taken, but absent (e.g. a respiration of zero would be used for a patient who is not breathing).

Circle the number under verbal, motor, and eye opening responses which correspond to the patient’s highest level of response for each category using the Glasgow Coma Scale (GCS). The GCS can be found on the reverse of run report page 4 and in Appendix F of this manual.

Boxes listed under Capillary Refill will be used in conjunction with the Glasgow Coma Scale (GCS) to calculate a trauma severity score. Fill-in the box which reflects the patient’s level of capillary refill.

**The first set of vital signs (including pupillary response, skin, and Glasgow Coma Score) is entered into the data system .*

COMMENT SECTION

Comments:

Write in the apparent cause, location of symptoms, past medical history, and other pertinent information concerning the incident and patient. Use this area, and a continuation sheet if additional space is needed (supplied by MHIC) to complete your report. The use of “SOAP” or other reporting format is strongly encouraged. A patient/run record is complete, however, only when another licensee at your level, who was not on the call, could read the report and understand what you found, what you did, and why you did it.

Use the fill-in boxes on the run report to record the routine treatment information. Use the comment section to describe the unusual symptoms, history, status or legibly document the patient’s condition and overall appearance.

Treatments recorded in the comment section but not also checked off in the appropriate treatment box will not be picked up by the computer.

*TREATMENTS & MUTUAL AID

| | | | | | | | |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------|-----------------------|-------------------------------------------------|----------------|
| MUTUAL AID: | | <input type="checkbox"/> Medication Administered | | <input type="checkbox"/> Defib C-Vert <input type="checkbox"/> | | <input type="checkbox"/> Written Order/Protocol | |
| Assisted/Assisted by Service # _____ Time Called: _____ | | Lic # _____ | | | | <input type="checkbox"/> Verbal Order/Protocol | |
| PATIENT'S SUSPECTED PROBLEM: | | 729151 | | | | | |
| <input type="checkbox"/> Cleared Airway | <input type="checkbox"/> Extrication | <input type="checkbox"/> Monitor | <input type="checkbox"/> Chest Decomp | IV <input type="checkbox"/> SUC LIC. # _____ Total Attempts _____ | | | |
| <input type="checkbox"/> Artificial Respiration/BVM | <input type="checkbox"/> Cervical Immobilization | <input type="checkbox"/> Pacing | <input type="checkbox"/> Cricothyrotomy | ET <input type="checkbox"/> SUC LIC. # _____ Total Attempts _____ | | | |
| <input type="checkbox"/> Oropharyngeal Airway | <input type="checkbox"/> KED/Short Board | <input type="checkbox"/> Paramedic Interfacility Transfer | | <input type="checkbox"/> UNSUC LIC. # _____ | | | |
| <input type="checkbox"/> Nasopharyngeal Airway | <input type="checkbox"/> Long Board | | | | | | |
| <input type="checkbox"/> CPR-Time: | <input type="checkbox"/> Restraints | LIC# | EKG RHYTHM | TIME | MEDS / DEFIB / C-VERT | MED # | DOSE W/S ROUTE |
| <input type="checkbox"/> Bystander CPR | <input type="checkbox"/> Traction Splinting | | | | | | |
| <input type="checkbox"/> AED-Time | <input type="checkbox"/> General Splinting | | | | | | |
| <input type="checkbox"/> Suction | <input type="checkbox"/> Cold Application | | | | | | |
| <input type="checkbox"/> Oxygen-LP Min ____ <input type="checkbox"/> Nasal <input type="checkbox"/> Mask | <input type="checkbox"/> Blood Glucose | | | | | | |
| <input type="checkbox"/> Pulse Oximetry | <input type="checkbox"/> Assist w/PT, Meds | | | | | | |
| <input type="checkbox"/> Autovent | <input type="checkbox"/> Spinal Assessment Protocol Used | | | | | | |
| NAME OF E.D. TREATING PHYSICIAN | | SIGNATURE OF CREW MEMBER IN CHARGE | | | | | |

*Mutual Aid:

Record the identification number (See Appendix A) of the service you assist or which assists you if this is a mutual aid run.

For an ALS intercept, reference the Maine EMS run report number of the service which intercepted with yours or which you intercepted with in the comment section of the run report.

Example: Please refer to Maine EMS run report #.... for information prior to/after intercept.

If a patient gets transferred to another ambulance during mutual aid, copy 1 of the run report of originating ambulance service must accompany patient.

It is not considered mutual aid for a non-transporting service to enter the identification number of the transporting ambulance service or for the transporting ambulance service to list the identification number of the non-transporting service. This information should be placed in the “Transported To” box above as explained on page 12 of this manual.

*Time called:

Enter the time you called for mutual aid or the time which you were called to provide mutual aid.

Patient's Suspected Problem

Briefly enter suspected problem as determined by your personnel.

Fill-in area:

Fill-in the box to the left of each skill performed (**Note** the following are special considerations for this section).

- If CPR was performed denote the time it was started.
- If an AED is used there is a space to denote what time it was turned on.
- If oxygen is used, also record the flow rate beside “L.P.Min” and Fill-in the appropriate box for the method used to deliver the oxygen (nasal cannula or mask).
- If pulse oximetry is performed note the oximetry reading before and after oxygen administration (if possible) in the space to the right.

For example: Pulse Oximetry 90% ? 98%

- Blood Glucose – fill in this box if the blood glucose level was obtained
- Assist W/Pt Meds - fill in this box if this protocol was used
- Spinal Assessment Protocol Used - fill in this box if the spinal assessment protocol was used for the patient who was in the “uncertain” algorithm, regardless of the assessment outcome. Ensure there is documentation in the comment area describing how this assessment was performed. **DO NOT** place the code 77777 in the lower right hand corner of the Crew License Numbers area.
- Medical Control - fill in the appropriate box for the care delivered, provided by protocol standing orders (written) or verbal orders.

There are additional fill in boxes provided and the ones that best apply to the procedure that were performed should be filled in. These additional boxes are for:

- Medication administered: Fill in this box if medications are administered by personnel on the run. Complete information including the medication number (from the back of page 4 of the run report or from Appendix G of this manual) should be recorded in the space provided in the lower right corner.

- ☛ Defib and/or C-Vert: Fill-in the appropriate box for the procedure performed (Defib means defibrillation and C-Vert means Synchronized Cardioversion) as well as the license number of the provider who performed them. (This includes the use of an AED when defibrillation is performed.) If this procedure is performed by a student who is working under the field preceptor guidelines, use the students license number.
- ☛ Cardiac Monitor: Fill-in this box when a cardiac monitor is used as well as completing the section in the lower right corner of the run report for license number, EKG Rhythm, Time, etc. (an AED is NOT considered a monitor unless used by an individual licensed at or above the Intermediate level AND equipped with a screen/paper recorder that displays a cardiac rhythm).
- ☛ Chest decompression
- ☛ Cardiac Pacing
- ☛ Cricothyrotomy
- ☛ Paramedic Interfacility Transfer - Fill in this box if the run was an Interfacility transfer which involved medications that are part of the Paramedic Interfacility Transfer Program, and the Paramedic on the run was trained in this program.

***I.V. - ET:**

The IV and ET boxes are designed to record the treatments that were provided or attempted for the patient. Fill-in the appropriate box(es) to indicate if attempts to insert an IV, and/or ET were successful and/or unsuccessful. Space is provided to record license numbers for the crew members performing the skill and the total number of attempts. If, the procedure is performed by a student working under the field preceptor guidelines, use the students license number. Both the successful and unsuccessful boxes should be checked if appropriate. License numbers for both the successful and unsuccessful crew members should be recorded.

Example:

- l. A crew member successfully establishes an IV on his/her second attempt after one unsuccessful attempt by another crew member. The report should have the following completed:*
 - a. The successful box (SUC) filled in with the license number of the successful crew member and a two under the total attempts column.*
 - b. The unsuccessful box (UNSUC) filled in with the license number of the unsuccessful crew.*

Advanced life support treatment should be sequentially recorded in the space provided. The first column is used to write the license number of the crew member providing the treatments recorded on that line. If the procedure is preformed by a student working under the field preceptor guidelines, use the students license number. Thus for the cardiac patient, the crew member first records his/her license number, then the initial rhythm shown on the monitor. If the decision is to treat with medication first then the time should be recorded along with the name of the medication, medication number, dosage, and route. The medication number is found on the back of page 4 of the run report and in (Appendix G) of this manual. Use a separate line to record each medication name and number, if more than one is given. Use a separate line for each crew member providing an ALS treatment.

If the patient requires defibrillation, whether defibrillation was done using an AED or an ALS member with a more sophisticated Cardiac Monitor, the crew member begins a new line, records his/her license number, the rhythm prior to defibrillation and the time. Defibrillation should be recorded in the column marked “Meds/Defib/C-Vert” and the voltage under “Dose/W/S.” Go to the next line, record license number, rhythm after defibrillation and time. If rhythm converted, record converted, continue in this manner using a new line to record each treatment as it is performed.

If the run is complicated and you need additional space to document treatments, use a Continuation Sheet.

Name of E.D. Treating Physician:

Record the name of the physician who gave you medical control or, if none given, who treats the patient in the E.D.

Signatures:

This space should be used for signatures of person in charge and/or other personnel required by your service's policy. If, the run report was completed by a student working under the field preceptor guidelines, have the preceptor and the student both sign the run report

If treatment has been ordered that is not specifically listed in protocol, get the emergency department physician's signature on run form.

APPENDIX A

Maine EMS Service Listing

| Number | Name | | |
|--------|--------------------------------|-----|---------------------------------|
| 840 | Acadia National Park | 869 | Canaan Municipal Fire & Rescue |
| 003 | Acton Ambulance Assn | 867 | Canton Volunteer Fire & Rescue |
| 845 | Albion FD Rescue | 130 | Cape Elizabeth Rescue |
| 847 | Alexander VFD First Resp. Unit | 138 | Careplus Seacoast Amb Service |
| 005 | Alfred Rescue Squad | 803 | Caribou Fire/Air Ambulance Svc |
| 848 | Alna First Responders | 135 | Caribou Fire/Ambulance |
| 016 | Ambulance Serv Inc Allagash | 140 | Carmel Volunteer Amb Service |
| 018 | Ambulance Serv Inc Eagle Lake | 147 | Casco Rescue Department |
| 017 | Ambulance Serv Inc Ft Kent | 150 | Central Lincoln County Amb |
| 019 | Ambulance Serv Inc St Agatha | 210 | Charles A. Dean Ambulance Svc |
| 020 | AMPS Ambulance | 157 | Cherryfield Ambulance Service |
| 090 | AMR - Eliot | 870 | China Rescue Squad |
| 091 | AMR - Somersworth | 160 | Clinton Fire Dept Amb Service |
| 088 | AMR Scarborough | 230 | Community Ambulance, Inc. |
| 850 | Andover Fire Dept | 164 | Community EMS |
| 025 | Anson Madison Amb Svc | 165 | Corinna Fire Dept Ambulance |
| 380 | Arthur Jewell Health Center | 170 | Corinth Vol Amb Svc |
| 030 | Arundel Fire/Rescue | 172 | County Amb Svc Inc/Ellsworth |
| 040 | Ashland Ambulance Service | 871 | Cranberry Isles Rescue |
| 038 | Auburn Fire Department | 802 | Crown Air Ambulance |
| 041 | Augusta Fire Department | 689 | Crown Amb. Ft. Fairfield |
| 854 | Aurora Volunteer Fire Dept. | 686 | Crown Ambulance Ser. -Limestone |
| 047 | Bagaduce Amb Corps | 687 | Crown Ambulance Serv Mars Hill |
| 045 | Baileyville Vol Amb | 681 | Crown Ambulance Service/P.I. |
| 050 | Bangor Fire Department | 185 | Cumberland Rescue Department |
| 055 | Bar Harbor Fire Dept | 190 | Cundy's Harbor Fire Dept |
| 862 | Bates EMS | 195 | Cushing Rescue Squad |
| 070 | Bath Fire Department | 874 | Dedham Fire Department |
| 072 | Bath Iron Works Rescue | 215 | Delta Amb Corp/Waterville |
| 080 | Beech Ridge Speedway Amb | 217 | Delta Ambulance Corp/Augusta |
| 085 | Belfast Amb & Rescue Sv | 872 | Denmark Fire Dept 1st Responde |
| 857 | Belgrade Rescue | 220 | Denny River Volunteer Ambulanc |
| 856 | Belmont Vol. Fire and Rescue | 225 | Dexter Ambulance Sv |
| 092 | Bethel Ambulance Serv | 876 | Dover-Foxcroft Fire & Rescue |
| 100 | Biddeford Ambulance Serv | 873 | Dresden First Responder |
| 104 | Boothbay Region Ambulance | 877 | Durham First Responder Service |
| 858 | Bowdoin First Responders | 250 | East Millinocket Amb |
| 863 | Bowdoinham EMS | 880 | Eddington Fire Dept |
| 861 | Bradford First Responders | 882 | Edgecomb Fire Department |
| 859 | Bremen Rescue First Responders | 883 | Etna First Responders |
| 860 | Brewer Fire Department | 895 | Fairfield Fire Dept Rescue |
| 977 | Bristol Fire and Rescue | 260 | Falmouth EMS |
| 110 | Brunswick Fire Department EMS | 270 | Freeport Rescue |
| 113 | Buckfield Ambulance Serv | 275 | Friendship Amb Serv |
| 115 | Bucksport Ambulance Serv | 280 | Fryeburg Rescue |
| 060 | Buxton Fire & Rescue | 295 | G & H Ambulance Service |
| 865 | Calais Fire Dept | 282 | Gardiner Amb Serv |
| 120 | Camden First Aid Emergcy Amb | 285 | Georgetown Ambulance |
| | | 297 | Goodwins Mills Rescue |

| | | | |
|-----|--------------------------------|-----|--------------------------------|
| 300 | Gorham Fire Department | 133 | Meridian MH dba Capital Amb |
| 906 | Gouldsboro Fire Department | 926 | Mid Coast Hospital Interceptor |
| 303 | Grand Lake Stream Rescue | 934 | Milford Fire Department |
| 305 | Gray Fire/Rescue | 470 | Millinocket Fire Dept. Amb Svc |
| 909 | Greene Fire Dp Rescue | 928 | Milo Fire Department |
| 905 | Greenville Fire/Rescue | 927 | Minot Fire Department |
| 907 | Guilford Fire First Responders | 471 | Monhegan Emergency Rescue Svc |
| 320 | Hampden Ambulance Service | 473 | Monmouth Rescue Assn |
| 324 | Harmony Regional Amb Service | 932 | Monson Fire Dept First Respond |
| 325 | Harpswell Neck Fire & Rescue | 385 | Moosabec Ambulance |
| 330 | Hartland & St Albans Ambulance | 933 | Mt Vernon Rescue |
| 350 | Hermon Volunteer Rescue | 477 | Naples Rescue Unit |
| 911 | Holden Rescue | 487 | NEMHS - Biddeford |
| 913 | Hollis Rescue | 488 | NEMHS - Portland |
| 360 | Houlton Amb Service | 486 | NEMHS-Brunswick |
| 365 | Indian Township Fire & Rescue | 937 | New Gloucester Rescue |
| 910 | Industry Fire Department | 938 | New Sharon Fire Department |
| 367 | Island Community Ambulance | 481 | Newfield Rescue Squad |
| 388 | Island Falls Amb Serv | 939 | Newport Fire Department |
| 908 | Isle au Haut Rescue | 482 | No Berwick Rescue Squad Inc |
| 370 | Islesboro Ambulance Service | 941 | Nobleboro First Responders |
| 378 | Jackman Area Vol Ambulance | 494 | North Conway Ambulance Inc |
| 914 | Jefferson Fire and Rescue | 809 | North East Mobile Health Servi |
| 915 | Kenduskeag First Responders | 483 | North Haven EMS |
| 390 | Kennebunk Fire Rescue | 485 | North Yarmouth Rescue |
| 392 | Kennebunkport EMS | 490 | Northeast Hbr Fire Co Inc |
| 410 | Lebanon Rescue | 945 | Northport First Responders |
| 916 | Lebanon Rescue Squad | 940 | Oakland Fire/Rescue |
| 920 | Levant Vol Rescue Squad | 495 | Ogunquit Rescue |
| 415 | Liberty Vol Amb Serv | 500 | Old Orchard Beach EMS |
| 807 | Life Flight of Maine-Bangor | 505 | Old Town Fire Dept |
| 808 | LifeFlight of Maine-Lewiston | 508 | Orono Fire-Rescue |
| 416 | LifeStar | 513 | Orrington Vol Amb Ser |
| 418 | Limerick Rescue | 942 | Orrington Volunteer Fire Dept |
| 420 | Limington Rescue Unit | 510 | Orrs/Bailey Island Rescue |
| 422 | Lisbon Ambulance | 944 | Osborn Municipal Vol Fire Dept |
| 922 | Litchfield First Responders | 515 | Oxford Fire Dept.Rescue/Oxford |
| 423 | Long Island Volunteer Rescue | 520 | Pace Paramedic Service |
| 435 | Machias Ambulance Serv | 948 | Palermo Rescue |
| 437 | Madawaska Ambulance Service | 525 | Patten Amb Service |
| 929 | Mariaville Vol. Fire Dept. Inc | 530 | Peninsula Amb Corps |
| 924 | Matinicus Island Rescue | 535 | Penobscot Valley Hosp/Howland |
| 925 | Mattawamkeag Rescue | 534 | Penobscot Valley Hosp/Lincoln |
| 455 | Mayo Regional Hospital | 537 | Petit Manan Amb/Milbridge |
| 973 | ME State Police Medical Unit | 540 | Phippsburg Vol Amb Sv |
| 930 | Mechanic Falls Rescue | 544 | Pleasant River Amb Service Inc |
| 484 | Med-Care Ambulance Service | 955 | Plymouth Fire Department |
| 546 | MEDCU | 543 | Poland Rescue |
| 456 | Medic Works LLC | 956 | Pownal Fire Dept First Respond |
| 460 | Memorial Amb Corps | 560 | Rangeley Region Amb Service |

| | | | |
|-----|--------------------------------|-----|--------------------------------|
| 565 | Raymond Rescue | 692 | Tri-Town Amb Svc/West Paris |
| 645 | Redington Fairview EMS | 697 | Turner Rescue |
| 580 | Rockland EMS | 700 | Union Ambulance Service |
| 969 | Rockwood Fire/EMS | 703 | United Ambulance - Bridgton |
| 971 | Rome Rescue Squad | 702 | United Ambulance Serv |
| 968 | Rumford Fire Department | 705 | Unity Vol Amb Corps |
| 595 | Saco Fire Department | 984 | University of New England |
| 600 | Sacopee Rescue Inc. | 710 | University Volunteer Amb Corp |
| 610 | Sanford Fire Dept Amb Svc | 715 | Upper Kennebec Valley Amb |
| 616 | Scarborough Downs EMS | 720 | Van Buren Ambulance Service |
| 615 | Scarborough Rescue Unit | 994 | Veazie Fire Department |
| 646 | Searsmont Rescue | 730 | Waldoboro Emergency Med Svc |
| 620 | Searsport Ambulance Service | 964 | Waltham Municipal Vol Fire Dep |
| 625 | Sebago Volunteer EMS | 733 | Warren Rescue |
| 630 | Sebasticook Valley Hosp Amb | 735 | Waterboro Fire Dept Rescue |
| 974 | Sebec Volunteer Fire Departmen | 987 | Waterville Rescue |
| 633 | Shapleigh Rescue Squad | 985 | Wayne Rescue |
| 975 | Sidney Rescue | 725 | WCEMSA dba Downeast EMS Calais |
| 640 | Sipayik Ambulance Corps | 728 | WCEMSA dba Downeast EMS Dnfrth |
| 982 | Smithfield Rescue | 727 | WCEMSA dba Downeast EMS Estprt |
| 966 | SMTC First Response | 726 | WCEMSA dba Downeast EMS Lubec |
| 650 | So Berwick Emergency Amb Res | 991 | Weld Vol Fire Dept EMS Unit |
| 978 | So Bristol First Res Unit | 741 | Wells Emergency Med Svc |
| 655 | So Portland Fire Rescue | 988 | Wells Fire Dp Rescue |
| 660 | So Thomaston Amb Svc | 989 | West Bath Fire Dept |
| 963 | Sorrento Rescue | 745 | Westbrook EMS |
| 605 | St George Vol Firefighter Asso | 998 | Whitefield Rescue |
| 670 | Standish Emergency Med Svcs | 997 | Wilsons Mills First Responders |
| 981 | Starks Rescue | 760 | Windham Rescue |
| 672 | Sterling Ambulance LLC | 967 | Windsor Fire & Rescue |
| 986 | Stetson Fire/Rescue | 990 | Winslow Fire Department/Rescue |
| 675 | Stockton Springs Ambulance Svc | 770 | Winterport Vol Amb Sv |
| 678 | Stoneham Rescue Serv | 769 | Winthrop Amb Service |
| 679 | Stoneham Rescue/Waterford Base | 771 | Wiscasset Amb Service |
| 680 | Sugarloaf Amb/Rescue | 993 | Woolwich Fire Department |
| 962 | Sullivan Fire/EMS | 775 | Yarmouth Rescue Unit |
| 682 | Swans Island Ambulance | 995 | York Beach Vol Fire Dept |
| 665 | SWH/Tremont Nursing Svc Inc | 996 | York Fire Department |
| 684 | Thomaston Amb Service | 780 | York Vol Ambulance Assoc |
| 685 | Three Rivers Amb Serv | | |
| 690 | Topsham EMS | | |

APPENDIX B

Town Codes

Town Codes

Androscoggin County

| | | |
|----------------|-----------------------|----------------|
| 01010 AUBURN | 01060 LISBON | 01110 POLAND |
| 01020 DURHAM | 01070 LIVERMORE | 01120 TURNER |
| 01030 GREENE | 01080 LIVERMORE FALLS | 01130 WALES |
| 01040 LEEDS | 01090 MECHANIC FALLS | 01140 SABATTUS |
| 01050 LEWISTON | 01100 MINOT | |

Aroostook County

| | | |
|----------------------|------------------------|--------------------|
| 03010 ALLAGASH | 03510 PERHAM | 03831 T10 RO7 WELS |
| 03020 AMITY | 03520 PORTAGE LAKE | 03832 T10 RO8 WELS |
| 03030 ASHLAND | 03530 PRESQUE ISLE | 03833 T11 RO4 WELS |
| 03040 BANCROFT | 03540 REED PLT | 03834 T11 RO7 WELS |
| 03050 BENEDICTA | 03550 ST AGATHA | 03835 T11 R08 WELS |
| 03060 BLAINE | 03560 ST FRANCIS | 03836 T11 R09 WELS |
| 03070 BRIDGEWATER | 03570 ST JOHN PLT | 03837 T11 R10 WELS |
| 03080 CARIBOU | 03580 SHERMAN | 03838 T11 R11 WELS |
| 03090 CARY PLT | 03590 SMYRNA | 03839 T11 R12 WELS |
| 03100 CASTLE HILL | 03600 STOCKHOLM | 03840 T11 R13 WELS |
| 03110 CASWELL PLT | 03610 VAN BUREN | 03841 T11 R14 WELS |
| 03120 CHAPMAN | 03620 WADE | 03842 T11 R15 WELS |
| 03130 CRYSTAL | 03630 WALLAGRASS PLT | 03843 T11 R16 WELS |
| 03140 CYR PLT | 03640 WASHBURN | 03844 T11 R17 WELS |
| 03150 DYER BROOK | 03650 WESTFIELD | 03845 T12 R07 WELS |
| 03160 E PLT | 03660 WESTMANLAND | 03846 T12 RO8 WELS |
| 03170 EAGLE LAKE | 03670 WESTON | 03847 T12 R09 WELS |
| 03180 EASTON | 03680 WINTERVILLE PLT | 03848 T12 R10 WELS |
| 03190 FORT FAIRFIELD | 03690 WOODLAND | 03849 T12 R11 WELS |
| 03200 FORT KENT | 03801 BIG TWENTY TWP | 03850 T12 R12 WELS |
| 03210 FRENCHVILLE | 03802 CONNOR TWP | 03851 T12 R13 WELS |
| 03220 GARFIELD PLT | 03803 COX PATENT | 03852 T12 R14 WELS |
| 03230 GLENWOOD PLT | 03804 DUDLEY TWP | 03853 T12 R15 WELS |
| 03240 GRAND ISLE | 03805 FORKSTOWN TWP | 03854 T12 R16 WELS |
| 03250 HAMLIN | 03806 MOLUNKUS TWP | 03855 T12 R17 WELS |
| 03260 HAMMOND | 03807 NO YARMOUTH ACAD | 03856 T13 RO5 WELS |
| 03270 HAYNESVILLE | GRANT | 03857 T13 R07 WELS |
| 03280 HERSEY | 03808 ST CROIX TWP | 03858 T13 R08 WELS |
| 03290 HODGDON | 03809 SILVER RIDGE TWP | 03859 T13 R09 WELS |
| 03300 HOULTON | 03810 SQUAPAN TWP | 03860 T13 R10 WELS |
| 03310 ISLAND FALLS | 03811 UPPER MOLUNKUS | 03861 T13 R11 WELS |
| 03320 LIMESTONE | TWP | 03862 T13 R12 WELS |
| 03321 LORING AFB | 03812 WEBBERTOWN TWP | 03863 T13 R13 WELS |
| 03330 LINNEUS | 03813 TA RO2 WELS | 03864 T13 R14 WELS |
| 03340 LITTLETON | 03814 TC RO2 WELS | 03865 T13 R15 WELS |
| 03350 LUDLOW | 03815 TD RO2 WELS | 03866 T13 R16 WELS |
| 03360 MACWAHOC PLT | 03816 T01 R05 WELS | 03867 T14 R05 WELS |
| 03370 MADAWASKA | 03817 T02 R04 WELS | 03868 T14 R06 WELS |
| 03380 MAPLETON | 03818 T03 R03 WELS | 03869 T14 R07 WELS |
| 03390 MARS HILL | 03819 T03 R04 WELS | 03870 T14 R08 WELS |
| 03400 MASARDIS | 03820 T04 R03 WELS | 03871 T14 R09 WELS |
| 03410 MERRILL | 03821 T07 R05 WELS | 03872 T14 R10 WELS |
| 03420 MONTICELLO | 03822 T08 R03 WELS | 03873 T14 R11 WELS |
| 03430 MORO PLT | 03823 T08 R05 WELS | 03874 T14 R12 WELS |
| 03440 NASHVILLE PLT | 03824 T09 R03 WELS | 03875 T14 R13 WELS |
| 03450 NEW CANADA | 03825 T09 R04 WELS | 03876 T14 R14 WELS |
| 03460 NEW LIMERICK | 03826 T09 R05 WELS | 03877 T14 R15 WELS |
| 03470 NEW SWEDEN | 03827 T09 R07 WELS | 03878 T14 R16 WELS |
| 03480 OAKFIELD | 03828 T09 R08 WELS | 03879 T15 R05 WELS |
| 03490 ORIENT | 03829 T10 RO3 WELS | 03880 T15 R06 WELS |
| 03500 OXBOW PLT | 03830 T10 RO6 WELS | 03881 T15 R08 WELS |

Aroostook (cont.)

| | | |
|--------------------|--------------------|--------------------|
| 03882 T15 R09 WELS | 03891 T16 R06 WELS | 03900 T17 R12 WELS |
| 03883 T15 R10 WELS | 03892 T16 R08 WELS | 03901 T17 R13 WELS |
| 03884 T15 R11 WELS | 03893 T16 R09 WELS | 03902 T17 R14 WELS |
| 03885 T15 R12 WELS | 03894 T16 R12 WELS | 03903 T18 R10 WELS |
| 03886 T15 R13 WELS | 03895 T16 R13 WELS | 03904 T18 R11 WELS |
| 03887 T15 R14 WELS | 03896 T16 R14 WELS | 03905 T18 R12 WELS |
| 03888 T15 R15 WELS | 03897 T17 R03 WELS | 03906 T18 R13 WELS |
| 03889 T16 R04 WELS | 03898 T17 R04 WELS | 03907 T19 R11 WELS |
| 03890 T16 R05 WELS | 03899 T17 R05 WELS | 03908 T19 R12 WELS |

Cumberland County

| | | |
|----------------------|----------------------|----------------------|
| 05010 BALDWIN | 05090 GORHAM | 05180 POWNAL |
| 05020 BRIDGTON | 05100 GRAY | 05190 RAYMOND |
| 05030 BRUNSWICK | 05110 HARPSWELL | 05200 SCARBOROUGH |
| 05040 CAPE ELIZABETH | 05120 HARRISON | 05210 SEBAGO |
| 05050 CASCO | 05125 LONG ISLAND | 05220 SOUTH PORTLAND |
| 05060 CUMBERLAND | 05130 NAPLES | 05230 STANDISH |
| 05070 FALMOUTH | 05140 NEW GLOUCESTER | 05240 WESTBROOK |
| 05080 FREEPORT | 05150 NORTH YARMOUTH | 05250 WINDHAM |
| 05085 FRYE ISLAND | 05170 PORTLAND | 05260 YARMOUTH |

Franklin County

| | | |
|---------------------------|--------------------------|--------------------------|
| 07010 AVON | 07160 RANGELEY PLT | 07812 KIBBY TWP |
| 07018 CARRABASSETT VALLEY | 07170 SANDY RIVER PLT | 07813 LANG TWP |
| 07020 CARTHAGE | 07180 STRONG | 07814 LOWELLTOWN TWP |
| 07030 CHESTERVILLE | 07190 TEMPLE | 07815 MASSACHUSETTS GORE |
| 07040 COPLIN PLT | 07200 WELD | 07816 MERRILL STRIP |
| 07050 DALLAS PLT | 07210 WILTON | 07817 MT ABRAM TWP |
| 07060 EUSTIS | 07801 ALDER STREAM TWP | 07818 PERKINS TWP |
| 07070 FARMINGTON | 07802 BEATTIE TWP | 07819 REDINGTON TWP |
| 07080 INDUSTRY | 07803 CHAIN OF PONDS TWP | 07820 SALEM TWP |
| 07090 JAY | 07804 COBURN GORE | 07821 SEVEN PONDS TWP |
| 07100 KINGFIELD | 07805 TOWNSHIP D | 07822 SKINNER TWP |
| 07110 MADRID | 07806 DAVIS TWP | 07823 STETSONTOWN TWP |
| 07120 NEW SHARON | 07807 TOWNSHIP E | 07825 TIM POND TWP |
| 07130 NEW VINEYARD | 07808 FREEMAN TWP | 07826 TOWNSHIP 6 |
| 07140 PHILLIPS | 07809 GORHAM GORE | 07827 WASHINGTON TWP |
| 07150 RANGELEY | 07811 JIM POND TWP | 07828 WYMAN TWP |

Hancock County

| | | |
|-----------------------|------------------------|---------------------|
| 09010 AMHERST | 09190 FRENCHBORO | 09370 WINTER HARBOR |
| 09020 AURORA | 09200 MARIAVILLE | 09801 T03 ND |
| 09030 BAR HARBOR | 09210 MOUNT DESERT | 09802 T04 ND |
| 09040 BLUE HILL | 09220 ORLAND | 09803 T07 SD |
| 09050 BROOKLIN | 09230 OSBORN | 09804 T08 SD |
| 09060 BROOKSVILLE | 09240 OTIS | 09805 T09 SD |
| 09070 BUCKSPORT | 09250 PENOBSCOT | 09806 T10 SD |
| 09080 CASTINE | 09260 SEDGWICK | 09807 T16 MD |
| 09090 CRANBERRY ISLES | 09270 SORRENTO | 09808 T22 MD |
| 09100 DEDHAM | 09280 SOUTHWEST HARBOR | 09809 T28 MD |
| 09110 DEER ISLE | 09290 STONINGTON | 09810 T32 MD |
| 09120 EASTBROOK | 09300 SULLIVAN | 09811 T34 MD |
| 09130 ELLSWORTH | 09310 SURRY | 09812 T35 MD |
| 09140 FRANKLIN | 09320 SWANS ISLAND | 09813 T39 MD |
| 09150 GOULDSBORO | 09330 TREMONT | 09814 T40 MD |
| 09160 GREAT POND PLT | 09340 TRENTON | 09815 T41 MD |
| 09170 HANCOCK | 09350 VERONA | |
| 09180 LAMOINE | 09360 WALTHAM | |

Kennebec County

| | | |
|-------------------|--------------------|---------------------|
| 11010 ALBION | 11110 HALLOWELL | 11210 SIDNEY |
| 11020 AUGUSTA | 11120 LITCHFIELD | 11220 VASSALBORO |
| 11030 BELGRADE | 11130 MANCHESTER | 11230 VIENNA |
| 11040 BENTON | 11140 MONMOUTH | 11240 WATERVILLE |
| 11050 CHELSEA | 11150 MOUNT VERNON | 11250 WAYNE |
| 11060 CHINA | 11160 OAKLAND | 11260 WEST GARDINER |
| 11070 CLINTON | 11170 PITTSTON | 11270 WINDSOR |
| 11080 FARMINGDALE | 11180 RANDOLPH | 11280 WINSLOW |
| 11090 FAYETTE | 11190 READFIELD | 11290 WINTHROP |
| 11100 GARDINER | 11200 ROME | 11801 UNITY TWP |

Knox County

| | | |
|--------------------|-----------------------------|-----------------------|
| 13010 APPLETON | 13070 MATINICUS ISLE PLT | 13130 SOUTH THOMASTON |
| 13020 CAMDEN | | 13140 THOMASTON |
| 13030 CUSHING | 13080 NORTH HAVEN | 13150 UNION |
| 13040 FRIENDSHIP | 13090 OWLS HEAD | 13160 VINALHAVEN |
| 13050 HOPE | 13100 ROCKLAND | 13170 WARREN |
| 13060 ISLE AU HAUT | 13110 ROCKPORT | 13180 WASHINGTON |
| | 13120 ST GEORGE | 13801 CRIEHAVEN |

Lincoln County

| | | |
|-----------------------|---------------------|---------------------|
| 15010 ALNA | 15080 EDGECOMB | 15150 SOUTHPORT |
| 15020 BOOTHBAY | 15090 JEFFERSON | 15160 WALDOBORO |
| 15030 BOOTHBAY HARBOR | 15100 MONHEGAN PLT | 15170 WESTPORT |
| 15040 BREMEN | 15110 NEWCASTLE | 15180 WHITEFIELD |
| 15050 BRISTOL | 15120 NOBLEBORO | 15190 WISCASSET |
| 15060 DAMARISCOTTA | 15130 SOMERVILLE | 15801 HIBBERTS GORE |
| 15070 DRESDEN | 15140 SOUTH BRISTOL | |

Oxford County

| | | |
|----------------------|----------------------------|------------------------------|
| 17010 ANDOVER | 17210 NORWAY | 17804 ANDOVER W SURPLUS |
| 17020 BETHEL | 17217 OTISFIELD | 17805 BATCHELDERS GRANT |
| 17030 BROWNFIELD | 17220 OXFORD | 17806 BOWMANTOWN TWP |
| 17040 BUCKFIELD | 17230 PARIS | 17807 C SURPLUS |
| 17050 BYRON | 17240 PERU | 17808 GRAFTON TWP |
| 17060 CANTON | 17250 PORTER | 17809 LOWER CUPSUPTIC TWP |
| 17070 DENMARK | 17260 ROXBURY | 17810 LYNCHTOWN TWP |
| 17080 DIXFIELD | 17270 RUMFORD | 17811 MASON TWP |
| 17090 FRYEBURG | 17280 STONEHAM | 17812 MILTON TWP |
| 17100 GILEAD | 17290 STOW | 17813 OXBOW TWP |
| 17110 GREENWOOD | 17300 SUMNER | 17814 PARKERTOWN TWP |
| 17120 HANOVER | 17310 SWEDEN | 17815 PARMACHENEE TWP |
| 17130 HARTFORD | 17320 UPTON | 17816 RICHARDSONTOWN TWP |
| 17140 HEBRON | 17330 WATERFORD | 17817 RILEY TWP |
| 17150 HIRAM | 17340 WEST PARIS | 17818 TOWNSHIP C |
| 17160 LINCOLN PLT | 17350 WOODSTOCK | 17819 UPPER CUPSUPTIC |
| 17170 LOVELL | 17801 ADAMSTOWN TWP | |
| 17180 MAGALLOWAY PLT | 17802 ALBANY TWP | |
| 17190 MEXICO | 17803 ANDOVER N SURPLUS | |
| 17200 NEWRY | | |

Penobscot County

| | | |
|-------------------|------------------|------------------------|
| 19010 ALTON | 19090 CHARLESTON | 19170 EAST MILLINOCKET |
| 19020 BANGOR | 19100 CHESTER | 19180 EDDINGTON |
| 19030 BRADFORD | 19110 CLIFTON | 19190 EDINBURG |
| 19040 BRADLEY | 19120 CORINNA | 19200 ENFIELD |
| 19050 BREWER | 19130 CORINTH | 19210 ETNA |
| 19060 BURLINGTON | 19140 DEXTER | 19220 EXETER |
| 19070 CARMEL | 19150 DIXMONT | 19230 GARLAND |
| 19080 CARROLL PLT | 19160 DREW PLT | 19240 GLENBURN |

Penobscot (cont.)

| | | |
|-----------------------|----------------------|-----------------------|
| 19250 GRAND FALLS PLT | 19510 PASSADUMKEAG | 19811 SOLDIERTOWN TWP |
| 19260 GREENBUSH | 19520 PATTEN/KVHC | 19812 SUMMIT TWP |
| 19270 GREENFIELD | 19530 PLYMOUTH | 19813 VEAZIE GORE |
| 19280 HAMPDEN | 19540 PRENTISS PLT | 19814 TA R07 WELS |
| 19290 HERMON | 19550 SEBOEIS PLT | 19815 T01 R06 WELS |
| 19300 HOLDEN | 19560 SPRINGFIELD | 19816 T01 R08 WELS |
| 19310 HOWLAND | 19570 STACYVILLE | 19817 T02 R08 NWP |
| 19320 HUDSON | 19580 STETSON | 19818 T02 R08 WELS |
| 19330 KENDUSKEAG | 19590 VEAZIE | 19819 T02 R09 NWP |
| 19340 LAGRANGE | 19600 WEBSTER PLT | 19820 T03 R01 NBPP |
| 19350 LAKEVILLE PLT | 19610 WINN | 19821 T03 R07 WELS |
| 19360 LEE | 19620 WOODVILLE | 19822 T03 R08 WELS |
| 19370 LEVANT | 19630 INDIAN IS PNB | 19823 T03 R09 NWP |
| 19380 LINCOLN | IND RS | 19824 T04 R07 WELS |
| 19390 LOWELL | 19801 ARGYLE TWP | 19825 T04 R08 WELS |
| 19400 MATTAWAMKEAG | 19802 GRINDSTONE TWP | 19826 T05 R01 NBPP |
| 19410 MAXFIELD | 19803 HERSEYTOWN TWP | 19827 T05 R07 WELS |
| 19420 MEDWAY | 19804 HOPKINS ACAD | 19828 T05 R08 WELS |
| 19430 MILFORD | GRANT | 19829 T06 R06 WELS |
| 19440 MILLINOCKET | 19806 T3 INDIAN | 19830 T06 R07 WELS |
| 19450 MT CHASE | PURCHASE | 19831 T06 R08 WELS |
| 19460 NEWBURGH | 19807 T4 INDIAN | 19832 T07 R06 WELS |
| 19470 NEWPORT | PURCHASE | 19833 T07 R07 WELS |
| 19480 OLD TOWN | 19808 KINGMAN TWP | 19834 T07 R08 WELS |
| 19490 ORONO | 19809 LONG A TWP | 19835 T08 R06 WELS |
| 19500 ORRINGTON | 19810 MATTAMISCONTIS | 19836 T08 R07 WELS |
| | TWP | 19837 T08 R08 WELS |

Piscataquis County

| | | |
|----------------------|------------------------|--------------------|
| 21010 ABBOT | 21806 DAYS ACADEMY | 21830 TB R10 WELS |
| 21020 ATKINSON | GRANT | 21831 TB R11 WELS |
| 21030 BARNARD PLT | 21807 EAGLE LAKE TWP | 21833 T01 R09 WELS |
| 21037 BEAVER COVE | 21808RE MIDDLESEX | 21834 T01 R10 WELS |
| 21040 BLANCHARD PLT | CANAL G | 21835 T01 R11 WELS |
| 21050 BOWERBANK | 21809 FRENCHTOWN TWP | 21836 T01 R12 WELS |
| 21060 BROWNVILLE | 21811 HARFORDS POINT | 21837 T02 R09 WELS |
| 21070 DOVER-FOXCROFT | TWP | 21838 T02 R10 WELS |
| 21080 ELLIOTTSTVILLE | 21812 KATAHDIN IRN WKS | 21839 T02 R12 WELS |
| PLT | TWP | 21840 T02 R13 WELS |
| 21090 GREENVILLE | 21813 KINEO TWP | 21841 T03 R10 WELS |
| 21100 GUILFORD | 21814 T01 R13 WELS | 21842 T03 R11 WELS |
| 21110 KINGSBURY PLT | 21815 LILY BAY TWP | 21843 T03 R12 WELS |
| 21120 LAKE VIEW PLT | 21816 MOOSEHEAD | 21844 T03 R13 WELS |
| 21130 MEDFORD | JUNCTION | 21845 T04 R09 NWP |
| 21140 MILO | 21817 LOBSTER TWP | 21846 T04 R09 WELS |
| 21150 MONSON | 21818 MT KATAHDIN TWP | 21847 T04 R10 WELS |
| 21160 PARKMAN | 21819 NESOURDNAHUNK | 21848 T04 R11 WELS |
| 21170 SANGERVILLE | TWP | 21849 T04 R12 WELS |
| 21180 SEBEC | 21820 NORTHEAST CARRY | 21850 T04 R13 WELS |
| 21190 SHIRLEY | TWP | 21851 T04 R14 WELS |
| 21200 WELLINGTON | 21821 ORNEVILLE TWP | 21852 T04 R15 WELS |
| 21210 WILLIMANTIC | 21822 RAINBOW TWP | 21853 T05 R09 NWP |
| 21801 BIG MOOSE TWP | 21823 SHAWTOWN TWP | 21855 T05 R11 WELS |
| 21802 BOWDOIN COL GR | 21824 SOPER MOUNTAIN | 21856 T05 R12 WELS |
| EAST | TWP | 21857 T05 R14 WELS |
| 21803 BOWDOIN COL GR | 21825 SPENCER BAY TWP | 21858 T05 R15 WELS |
| WEST | 21826 TROUT BROOK TWP | 21859 T06 R10 WELS |
| 21804 CHESUNCOOK TWP | 21827 WILLIAMSBURG TWP | 21860 T06 R11 WELS |
| 21805 COVE POINT TWP | 21828 TA R10 WELS | 21861 T06 R12 WELS |
| | 21829 TA R11 WELS | 21862 T06 R13 WELS |

Piscataquis (cont.)

| | | |
|--------------------|--------------------|--------------------|
| 21863 T06 R14 WELS | 21872 T07 R15 WELS | 21882 T09 R13 WELS |
| 21864 T06 R15 WELS | 21873 T08 R09 WELS | 21883 T09 R14 WELS |
| 21865 T07 R09 NWP | 21874 T08 R10 WELS | 21884 T09 R15 WELS |
| 21866 T07 R09 WELS | 21875 T08 R11 WELS | 21885 T10 R09 WELS |
| 21867 T07 R10 WELS | 21876 T08 R14 WELS | 21886 T10 R10 WELS |
| 21868 T07 R11 WELS | 21877 T08 R15 WELS | 21887 T10 R11 WELS |
| 21869 T07 R12 WELS | 21878 T09 R09 WELS | 21888 T10 R12 WELS |
| 21870 T07 R13 WELS | 21879 T09 R10 WELS | 21889 T10 R13 WELS |
| 21871 T07 R14 WELS | 21880 T09 R11 WELS | 21890 T10 R14 WELS |
| | 21881 T09 R12 WELS | 21891 T10 R15 WELS |

Sagadahoc County

| | | |
|------------------|------------------|-------------------|
| 23010 ARROWSIC | 23050 GEORGETOWN | 23090 WEST BATH |
| 23020 BATH | 23060 PHIPPSBURG | 23100 WOOLWICH |
| 23030 BOWDOIN | 23070 RICHMOND | 23801 PERKINS TWP |
| 23040 BOWDOINHAM | 23080 TOPSHAM | |

Somerset County

| | | |
|-----------------------------|-------------------------------|-------------------------------|
| 25010 ANSON | 25806 BALD MTN TWP T4R3 | 25841 PITTSTON ACAD GRANT |
| 25020 ATHENS | 25807 BIGELOW TWP | 25842 PLYMOUTH TWP |
| 25030 BINGHAM | 25808 BIG SIX TWP | 25843 PRENTISS TWP |
| 25040 BRIGHTON PLT | 25809 BIG TEN TWP | 25844 ROCKWOOD STRIP |
| 25050 CAMBRIDGE | 25810 BIG W TWP | 25845 ROCKWOOD STRIP |
| 25060 CANAAN | 25811 BLAKE GORE | 25846 RUSSELL POND TWP |
| 25070 CARATUNK | 25812 BOWTOWN TWP | 25847 ST JOHN TWP |
| 25080 CORNVILLE | 25813 BRADSTREET TWP | 25848 SANDBAR TRACT |
| 25090 DENNISTOWN PLT | 25814 BRASSUA TWP | 25849 SANDWICH ACAD GRANT |
| 25100 DETROIT | 25815 CARRYING PLC TWN TWP | 25850 SANDY BAY TWP |
| 25110 EMBDEN | 25816 CHASE STREAM TWP | 25851 SAPLING TWP |
| 25120 FAIRFIELD | 25817 COMSTOCK TWP | 25852 SEBOOMOOK TWP |
| 25130 HARMONY | 25818 CONCORD TWP | 25853 SOLDIERTOWN TWP |
| 25140 HARTLAND | 25819 DEAD RIVER TWP | 25854 SQUARETOWN TWP |
| 25150 HIGHLAND PLT | 25820 DOLE BROOK TWP | 25856 THORNDIKE TWP |
| 25160 JACKMAN | 25821 EAST MOXIE TWP | 25857 TOMHEGAN TWP |
| 25170 MADISON | 25822 ELM STREAM TWP | 25858 UPPER ENCHANTED TWP |
| 25180 MERCER | 25823 FLAGSTAFF TWP | 25859 W MIDDLESEX CANAL GR |
| 25190 MOOSE RIVER | 25824 FORSYTH TWP | 25860 CARRYING PLACE TWP |
| 25200 MOSCOW | 25825 HAMMOND TWP | 25861 T03 R04 BKP WKR |
| 25210 NEW PORTLAND | 25826 HOBBS TOWN TWP | 25862 T03 R05 BKP WKR |
| 25220 NORRIDGEWOCK | 25827 HOLEB TWP | 25863 T04 R05 NBPK |
| 25230 PALMYRA | 25828 INDIAN STREAM TWP | 25864 T04 R17 WELS |
| 25240 PITTSFIELD | 25829 JOHNSON MOUNTAIN TWP | 25865 T05 R06 BKP WKR |
| 25250 PLEASANT RIDGE PLT | 25830 KING & BARTLETT TWP | 25866 T05 R07 BKP WKR |
| 25260 RIPLEY | 25831 LEXINGTON TWP | 25867 T05 R17 WELS |
| 25270 ST ALBANS | 25832 LITTLE W TWP | 25868 T05 R18 WELS |
| 25280 SKOWHEGAN | 25833 LONG POND TWP | 25869 T05 R19 WELS |
| 25290 SMITHFIELD | 25834 LOWER ENCHANTED TWP | 25870 T05 R20 WELS |
| 25300 SOLON | 25835 MAYFIELD TWP | 25871 T06 R17 WELS |
| 25310 STARKS | 25836 MISERY TWP | 25872 T06 R18 WELS |
| 25320 THE FORKS PLT | 25837 MISERY GORE | 25873 T07 R16 WELS |
| 25330 WEST FORKS PLT | 25838 MOXIE GORE | 25874 T07 R17 WELS |
| 25801 ALDER BROOK TWP | 25839 PARLIN POND TWP | 25875 T07 R18 WELS |
| 25802 APPLETON TWP | 25840 PIERCE POND TWP | 25876 T07 R19 WELS |
| 25803 TAUNTON & RAYNHAM | | 25877 T08 R16 WELS |
| 25804 ATTEAN TWP | | |
| 25805 BALD MTN TWP T2R3 | | |

Somerset (cont.)

25878 T08 R17 WELS
25879 T08 R18 WELS

25880 T08 R19 WELS
25881 T09 R16 WELS

25882 T09 R17 WELS
25883 T09 R18 WEES
25884 T10 R16 WELS

Waldo County

27010 BELFAST
27020 BELMONT
27030 BROOKS
27040 BURNHAM
27050 FRANKFORT
27060 FREEDOM
27070 ISLESBORO
27080 JACKSON
27090 KNOX

27100 LIBERTY
27110 LINCOLNVILLE
27120 MONROE
27130 MONTVILLE
27140 MORRILL
27150 NORTHPORT
27160 PALERMO
27170 PROSPECT
27180 SEARSMONT

27190 SEARSPORT
27200 STOCKTON SPRINGS
27210 SWANVILLE
27220 THORNDIKE
27230 TROY
27240 UNITY
27250 WALDO
27260 WINTERPORT

Washington County

29010 ADDISON
29020 ALEXANDER
29030 BAILEYVILLE
29040 BARING PLT
29050 BEALS
29060 BEDDINGTON
29070 CALAIS
29080 CENTERVILLE
29090 CHARLOTTE
29100 CHERRYFIELD
29110 CODYVILLE PLT
29120 COLUMBIA
29130 COLUMBIA FALLS
29140 COOPER
29150 CRAWFORD
29160 CUTLER
29170 DANFORTH
29180 DEBLOIS
29190 DENNYSVILLE
29200 EAST MACHIAS
29210 EASTPORT
29220 GRAND LAKE
STREAM PL
29230 HARRINGTON
29240 JONESBORO
29250 JONESPORT
29260 LUBEC
29270 MACHIAS

29280 MACHIASPORT
29290 MARSHFIELD
29300 MEDDYBEMPS
29310 MILBRIDGE
29320 NORTHFIELD
29330 NO 14 PLT
29340 NO 21 PLT
29350 PEMBROKE
29360 PERRY
29370 PRINCETON
29380 ROBBINSTON
29390 ROQUE BLUFFS
29400 STEUBEN
29410 TALMADGE
29420 TOPSFIELD
29430 VANCEBORO
29440 WAITE
29450 WESLEY
29460 WHITING
29470 WHITNEYVILLE
29480 PLEASANT PT IND
RES
29801 BROOKTON TWP
29802 DEVEREAUX TWP
29803 DYER TWP
29804 EDMUNDS TWP
29805 FOREST TWP
29806 FOREST CITY TWP

29807 FOWLER TWP
29808 KOSSUTH TWP
29809 LAMBERT LAKE TWP
29810 MARION TWP
29811 TRESMOTT TWP
29812 T05 ND BPP
29813 T06 ND BPP
29814 T06 R01 NBPP
29815 T08 R03 NBPP
29816 T08 R04 NBPP
29817 T11 R03 NBPP
29818 T18 ED BPP
29819 T18 MD BPP
29820 T19 ED BPP
29821 T19 MD BPP
29822 T24 MD BPP
29823 T25 MD BPP
29824 T26 ED BPP
29825 T27 ED BPP
29826 T30 MD BPP
29827 T31 MD BPP
29828 T36 MD BPP
29829 T37 MD BPP
29830 T42 MD BPP
29831 T43 MD BPP
29832 INDIAN TWP ST
IND RS

York County

31010 ACTON
31020 ALFRED
31030 ARUNDEL
31040 BERWICK
31050 BIDDEFORD
31060 BUXTON
31070 CORNISH
31080 DAYTON
31090 ELIOT
31100 HOLLIS
31110 KENNEBUNK

31120 KENNEBUNKPORT
31130 KITTELY
31140 LEBANON
31150 LIMERICK
31160 LIMINGTON
31170 LYMAN
31180 NEWFIELD
31190 NORTH BERWICK
31197 OGUNQUIT
31200 OLD ORCHARD
BEACH

31210 PARSONSFIELD
31220 SACO
31230 SANFORD
31240 SHAPLEIGH
31250 SOUTH BERWICK
31260 WATERBORO
31270 WELLS
31280 YORK

Out of State

99999 Out of State

APPENDIX C

ID Codes For Maine Hospitals and Other Destinations

ID Codes for Maine Hospitals and Other Destinations

| ID # | NAME |
|------|-------------------------------------------------|
| 001 | ST. JOSEPH - BANGOR |
| 002 | MILES MEMORIAL - DAMARISCOTTA |
| 003 | MILLINOCKET REGIONAL HOSPITAL |
| 004 | ACADIA HOSPITAL - BANGOR |
| 006 | ST. ANDREWS - BOOTHBAY HARBOR |
| 007 | BRIDGTON HOSPITAL |
| 008 | MERCY HOSPITAL - PORTLAND |
| 009 | MAINE MEDICAL CENTER - PORTLAND |
| 010 | NEW ENGLAND REHAB HOSP OF PORTLAND |
| 012 | REDINGTON-FAIRVIEW GEN HOSP - SKOWHEGAN |
| 013 | WALDO COUNTY GEN. HOSP - BELFAST |
| 015 | MAINE GENERAL MEDICAL CENTER - AUGUSTA |
| 016 | RUMFORD HOSPITAL |
| 018 | TAMC - PRESQUE ISLE |
| 019 | SOUTHERN MAINE MED CTR - BIDDEFORD |
| 020 | YORK HOSPITAL |
| 023 | C A DEAN - GREENVILLE |
| 024 | CENTRAL MAINE MED CTR - LEWISTON |
| 025 | PARKVIEW MEMORIAL HOSPITAL - BRUNSWICK |
| 026 | HOULTON REGIONAL HOSPITAL |
| 027 | DOWNEAST COMMUNITY - MACHIAS |
| 028 | SEBASTICOOK VALLEY HOSP - PITTSFIELD |
| 031 | CARY MEDICAL CENTER - CARIBOU |
| 032 | STEPHENS MEMORIAL HOSPITAL - NORWAY |
| 033 | EASTERN MAINE MED CTR - BANGOR |
| 034 | ST MARY'S REG MED CTR - LEWISTON |
| 037 | FRANKLIN MEMORIAL HOSP - FARMINGTON |
| 038 | MOUNT DESERT ISLAND HOSP - BAR HARBOR |
| 039 | MAINEGENERAL MEDICAL CENTER-WATERTVILLE |
| 040 | HENRIETTA D GOODALL - SANFORD |
| 041 | INLAND HOSPITAL - WATERTVILLE |
| 043 | MERCY WESTBROOK |
| 044 | MID COAST HOSPITAL - BRUNSWICK |
| 050 | MAINE COAST MEMORIAL HOSP - ELLSWORTH |
| 051 | BLUE HILL MEMORIAL HOSP |
| 052 | NORTHERN MAINE MED CTR - FT KENT |
| 055 | CALAIS REGIONAL HOSPITAL |
| 056 | AUGUSTA MENTAL HEALTH INST |
| 057 | BANGOR MENTAL HEALTH INST |
| 062 | PENOBSCOT VALLEY HOSPITAL - LINCOLN |
| 063 | PENOBSCOT BAY MED CTR - ROCKPORT |
| 066 | MAYO REGIONAL HOSPITAL - DOVER-FOXCROFT |
| 067 | SPRING HARBOR - SOUTH PORTLAND |
| 104 | NO TRANSPORT |
| 114 | OTHER (ANOTHER SERVICE, AIRPORT, FUNERAL HOME) |
| 158 | PRIVATE PHYSICIAN |
| 159 | HEALTH CENTER (MRI, DIALYSIS, RURAL HEALTH CTR) |
| 165 | NURSING HOME (NH, HCF, CC, HCC, NCF) |
| 166 | HOME |
| 167 | MENTAL HEALTH - IPU (OTHER THAN AMHI/BMHI) |
| 168 | VETERANS ADMINISTRATION - TOGUS (CHELSEA) |
| 170 | BRUNSWICK NAVAL AIR STATION |
| 177 | ROUND TRIP |
| 188 | MID-ROUTE EXCHANGE |
| 199 | OUT OF STATE HOSP |

APPENDIX D

24 – Hour Clock (Military Time)

24 –HOUR CLOCK (MILITARY TIME)

| | |
|----------------|-----------------|
| 1 a.m. = 0100 | 1 p.m. = 1300 |
| 2 a.m. = 0200 | 2 p.m. = 1400 |
| 3 a.m. = 0300 | 3 p.m. = 1500 |
| 4 a.m. = 0400 | 4 p.m. = 1600 |
| 5 a.m. = 0500 | 5 p.m. = 1700 |
| 6 a.m. = 0600 | 6 p.m. = 1800 |
| 7 a.m. = 0700 | 7 p.m. = 1900 |
| 8 a.m. = 0800 | 8 p.m. = 2000 |
| 9 a.m. = 0900 | 9 p.m. = 2100 |
| 10 a.m. = 1000 | 10 p.m. = 2200 |
| 11 a.m. = 1100 | 11 p.m. = 2300 |
| Noon = 1200 | Midnight = 2400 |

For example:

| | | |
|----------------|------------------|-------------------|
| Call received | 2:45 p.m. = 1445 | 11:45 p.m. = 2345 |
| Enroute | 2:46 p.m. = 1446 | 11:46 p.m. = 2346 |
| At scene | 2:52 p.m. = 1452 | 11:52 p.m. = 2352 |
| From scene | 3:10 p.m. = 1510 | 11:58 p.m. = 2358 |
| At destination | 3:20 p.m. = 1520 | 12:05 a.m. = 0005 |
| In service | 3:40 p.m. = 1540 | 12:15 a.m. = 0015 |

APPENDIX E

Non-EMS Licensed Personnel Codes

NON-EMS LICENSED PERSONNEL CODES

Please use the following number ranges to identify people who do not have a Maine EMS license number and who participate in a call and/or assist with patient care.

| | |
|-----------------------|-------------|
| Physician | 99900-99909 |
| RN/LPN/Nurses Aide | 99910-99919 |
| Physician's Assistant | 99920-99929 |
| Other Allied Health | 99930-99939 |
| Firefighter | 99940-99959 |
| Police Officer | 99960-99969 |
| Driver | 99970-99998 |
| Other | 99999 |

You may use these numbers in the manner that best suits your needs. The numbers you use will be reflected in the quarterly and annual reports sent to your service.

For example, you may assign a driver number to each different driver you use (up to the 29 numbers available in the above range) or you may assign one driver number to indicate all drivers.

APPENDIX F

**Glasgow Coma Scale
&
Injury/Illness Site Codes**

Glasgow Coma Scale

| | | | |
|--------------------|-------------------------|------|--------------------------------|
| Eye Opening | Spontaneous | 4 | |
| | To Voice | 3 | |
| | To Pain | 2 | |
| | None | 1 | |
| Verbal Response | Oriented | 5 | |
| | Confused | 4 | Patient's best verbal response |
| | Inappropriate Words | 3 | Responds to commands or |
| | Incomprehensible Sounds | 2 | painful stimulus |
| Motor Response | Obeys Commands | 6 | |
| | Localizes Pain | 5 | |
| | Withdraws (Pain) | 4 | Patient's best verbal response |
| | Flexion (Pain) | 3 | Responds to commands or |
| | Extension (Pain) | 2 | painful stimulus |
| | None | 1 | |
| Total GCS Score | | 3-15 | |

Site Codes

- 00 – Home
- 01 – Farm
- 02 – Mine/Quarry
- 03 – Industrial (*Mill, Warehouse, Manufacturing Facility, etc.*)
- 04 – Place of Recreation
- 05 – Street or Highway
- 06 – Public Building
- 07 – Residential Institution (*Jail, AMHI, in institution in which it is not usually the persons choice to be there*)
- 08 – Other
- 09 – Unknown
- 10 – Hospital
- 15 – Nursing Home
- 20 – School (*Inside a building*)
- 21 – School (*Outside a building*)
- 30 – Business (*Other than Farm, Mine/Quarry, Industrial*)
- 35 – Forest/Wood
- 91 – Outpatient Facility (*A diagnostic testing or treatment facility in which the patient is seen or treated for a specific purpose and not admitted for continued care, such as MRI, Dialysis, etc.*)
- 94 – Doctor's Office

APPENDIX G

Medication Codes

MAINE STATE MEDICATIONS AND NUMBERS

| Med # | Medication | Med # | Medication |
|-------|--------------------------------|-------|-------------------------------------------|
| 01 | Activated Charcoal | 56 | TPN |
| 02 | Adenosine | 57 | Cardizem |
| 03 | Albuterol | 58 | Procainamide |
| 04 | Aspirin | 59 | Antibiotics |
| 05 | Atropine | 60 | Glycoprotein IIb/IIIa Platelet Inhibitors |
| 06 | Bretylium | 61 | Haldoperidol |
| 07 | Cyanide poisoning kit contents | 62 | Lorazepam |
| 08 | Dextrose (D10) | 63 | Midazolam (Versed) |
| 09 | Dextrose (D50) | 64 | Morphine Drip |
| 10 | Diazepam | 70 | Amidate |
| 11 | Diphenhydramine | 71 | Amiodarone |
| 12 | Dopamine | 72 | Amotidine |
| 13 | Epinephrine (1:1000) | 73 | Atrovent |
| 14 | Epinephrine (1:10,000) | 74 | Butorphanol |
| 15 | Furosemide | 75 | Cefazolin |
| 16 | Glucagon | 76 | Ceftriaxone |
| 17 | Lidocaine | 77 | Dextrose (D25) |
| 18 | Magnesium Sulfate | 78 | Dexamethasone |
| 19 | Meperidine | 79 | Fentanyl |
| 20 | Morphine | 80 | Labetalol |
| 21 | Naloxone | 81 | Mannitol |
| 22 | Promethazine | 82 | Metoprolol |
| 23 | Sodium bicarbonate | 83 | Nitroprusside |
| 24 | Nitroglycerin (Non-parenteral) | 84 | Normal Saline or Sterile Saline |
| 25 | Nitrous Oxide | 85 | Phenobarbital |
| 26 | Terbutaline | 86 | Phenytoin |
| 27 | Thiamine | 87 | Prochlorperazine |
| 50 | Heparin Drip | 88 | Prostaglandin |
| 51 | Nitroglycerine Drip | 89 | Racemic Ephinephrine |
| 52 | Potassium | 90 | Rocuronium |
| 53 | Vitamin Drip | 91 | Solumedrol |
| 54 | Dobutamine | 92 | Tetracaine |
| 55 | Insulin | 93 | Vasotec |

APPENDIX H

2002 Run Report Data Structure for PC Data Entry

Except for the first three "internal use" fields, all fields are stored as character strings, but may contain only digits (0-9) or blank.

Summary Listing

| Field | Field Name | Type | Width | Note |
|-------|------------|-----------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | BATCH | Character | 6 | Internal use - data entry batch number |
| 2 | OP | Character | 2 | Internal use - Operator initials |
| 3 | DATE_ENT | Date | 8 | Internal use - Date entered on PC |
| 4 | RUNRPTNO | Character | 8 | Run Report Number [Changed for 2001 from 6] |
| 5 | RDATE | Character | 8 | Run Date MMDDYYYY |
| 6 | DAI | Character | 1 | Day of Week, 1 through 7, 1 = Monday |
| 7 | AMBID | Character | 3 | Ambulance ID |
| 8 | INS1 | Character | 1 | Insurance: Medicare |
| 9 | INS2 | Character | 1 | Insurance: Medicaid |
| 10 | INS3 | Character | 1 | Insurance: Insured |
| 11 | INS4 | Character | 1 | Insurance: Other |
| 12 | INS5 | Character | 1 | Insurance: Self-Pay |
| 13 | INS6 | Character | 1 | Insurance: None |
| 14 | INS7 | Character | 1 | Insurance: Unknown |
| 15 | HLOC | Character | 5 | Patient Residence: county/town code |
| 16 | AGE | Character | 3 | Patient Age, normally calculated from DOB |
| 17 | DOB | Character | 8 | Patient Date of Birth MMDDYYYY |
| 18 | SEX | Character | 1 | Sex, 1=Male 2=Female |
| 19 | ALOC | Character | 5 | Accident/Incident Location: county/town code |
| 20 | SITECODE | Character | 2 | Site where Illness/Injury occurred |
| 21 | ORIGHOSP | Character | 3 | Originating Hospital: Hospital Code |
| 22 | DEST | Character | 3 | Destination Code |
| 23 | EMT | Character | 5 | Crew License Number |
| 24 | EMT2 | Character | 5 | Crew License Number |
| 25 | EMT3 | Character | 5 | Crew License Number |
| 26 | EMT4 | Character | 5 | Crew License Number |
| 27 | EMT5 | Character | 5 | Crew License Number |
| 28 | EMT6 | Character | 5 | Crew License Number |
| 29 | INJ1 | Character | 1 | Injury Fields: Medical Cardiac Poisoning/OD Respiratory Behavioral Diabetic Seizure CVA OB/GYN Other Illness Cardiac Arrest/Code 99 Trauma Multi Systems Trauma Head Spinal Burn Soft Tissue Injury Fractures Other Trauma |
| 30 | INJ2 | Character | 1 | |
| 31 | INJ3 | Character | 1 | |
| 32 | INJ4 | Character | 1 | |
| 33 | INJ5 | Character | 1 | |
| 34 | INJ6 | Character | 1 | |
| 35 | INJ7 | Character | 1 | |
| 36 | INJ8 | Character | 1 | |
| 37 | INJ9 | Character | 1 | |
| 38 | INJ10 | Character | 1 | |
| 39 | INJ11 | Character | 1 | |
| 40 | INJ12 | Character | 1 | |
| 41 | INJ13 | Character | 1 | |
| 42 | INJ14 | Character | 1 | |
| 43 | INJ15 | Character | 1 | |
| 44 | INJ16 | Character | 1 | |
| 45 | INJ17 | Character | 1 | |
| 46 | INJ18 | Character | 1 | |
| 47 | INJ19 | Character | 1 | |

| | | | | |
|-----|------------|-----------|---|-----------------------------------------|
| 48 | INJ20 | Character | 1 | Concern Suicide |
| 49 | LUNGR | Character | 1 | Lung Sounds: Right 50 LUNGL |
| | | Character | 1 | Lung Sounds: Left |
| 51 | TYPRUN | Character | 1 | Type of Run (Values 1 - 7) |
| 52 | RECVT | Character | 4 | Time Call Received |
| 53 | SCENET | Character | 4 | Time of Arrival at Scene |
| 54 | FSCNT | Character | 4 | Time leaving Scene |
| 55 | DESTNT | Character | 4 | Time of Arrival at Destination |
| 56 | TIMEX | Character | 4 | Time - Vital Signs |
| 57 | TIMECODETO | Character | 1 | Response Code To Scene |
| 58 | TIMECODEFR | Character | 1 | Response Code From Scene |
| 59 | PULSE | Character | 3 | Pulse |
| 60 | RESP | Character | 3 | Respiration |
| 61 | BPSYS | Character | 3 | Blood Pressure - Systolic |
| 62 | BPDIA | Character | 3 | Blood Pressure - Diastolic |
| 63 | PUPIL | Character | 1 | Pupillary Response |
| 64 | SKIN | Character | 1 | Skin temperature, color, moisture level |
| 65 | VERB | Character | 1 | Verbal Response |
| 66 | MOTOR | Character | 1 | Motor Response |
| 67 | EYE | Character | 1 | Eye Opening Response |
| 68 | CAP | Character | 1 | Capillary Refill |
| 69 | MVA | Character | 1 | Motor Vehicle Accident (Values 1 - 8) |
| 70 | AOB | Character | 1 | Alcohol on Breath |
| 71 | BELTS | Character | 1 | Seat Belt Used |
| 72 | HELMET | Character | 1 | Helmet Worn |
| 73 | CHILDSEAT | Character | 1 | Childseat Used |
| 74 | AIRBAG | Character | 1 | Airbag Deployed |
| 75 | ASSIST | Character | 3 | Mutual Aid by/for another service |
| 76 | TRMT1 | Character | 1 | Treatment Fields: Cleared Airway |
| 77 | TRMT2 | Character | 1 | Artificial Resp/BVM |
| 78 | TRMT3 | Character | 1 | Oropharyngeal Airway |
| 79 | TRMT4 | Character | 1 | Nasopharyngeal Airway |
| 80 | TRMT5 | Character | 1 | CPR |
| 81 | TRMT6 | Character | 1 | Bystander CPR |
| 82 | TRMT7 | Character | 1 | AED |
| 83 | TRMT8 | Character | 1 | Suction |
| 84 | TRMT9 | Character | 1 | Oxygen |
| 85 | TRMT10 | Character | 1 | Pulse Oximetry |
| 86 | TRMT11 | Character | 1 | Autovent |
| 87 | TRMT12 | Character | 1 | Extrication |
| 88 | TRMT13 | Character | 1 | Cervical Immob |
| 89 | TRMT14 | Character | 1 | KED/Short Board |
| 90 | TRMT15 | Character | 1 | Long Board |
| 91 | TRMT16 | Character | 1 | Restraints |
| 92 | TRMT17 | Character | 1 | Traction Splinting |
| 93 | TRMT18 | Character | 1 | General Splinting |
| 94 | TRMT19 | Character | 1 | Cold Application |
| 95 | TRMT20 | Character | 1 | MAST Inflated |
| 96 | TRMT21 | Character | 1 | Assist with Patient Meds |
| 97 | TRMT22 | Character | 1 | Spinal Assessment Protocol |
| 98 | TRMT7TIME | Character | 4 | Time AED used |
| 99 | DRUGS | Character | 1 | Medication Administered |
| 100 | MED01 | Character | 2 | Medication Code |
| 101 | MED02 | Character | 2 | Medication Code |
| 102 | MED03 | Character | 2 | Medication Code |

| | | | | |
|--------------------------------------------------------------|-----------|-----------|-----|---------------------------------------------------|
| 103 | MED04 | Character | 2 | Medication Code |
| 104 | MED05 | Character | 2 | Medication Code |
| 105 | MED06 | Character | 2 | Medication Code |
| 106 | MEDTIME | Character | 4 | Medication Time |
| 107 | DEFIBKEY | Character | 1 | Defib/C-Vert performed, 1=Defib 2=CVert |
| 108 | DEFIB | Character | 5 | License Number of Crew performing Defib/C-Vert |
| 109 | DEFIBTIME | Character | 4 | Time of Defib/C-Vert |
| 110 | MEDCTL | Character | 1 | Medical Control |
| 111 | MONITOR | Character | 1 | Monitor |
| 112 | PACING | Character | 1 | Cardiac Pacing |
| 113 | CHESTDEC | Character | 1 | Chest Decompression |
| 114 | CRICOTH | Character | 1 | Cricothyrotomy |
| 115 | IV | Character | 1 | IV Attempt |
| 116 | IVLIC | Character | 5 | License number of crew attempting IV |
| 117 | PITRAN | Character | 1 | Paramedic Inter-Facility Transfer |
| 118 | ET | Character | 1 | ET attempt |
| 119 | ETLIC | Character | 5 | License number of crew attempting ET |
| 120 | DOCID | Character | 4 | Not currently used |
| 121 | TRANSRV | Character | 3 | Service number of transporting service |
| 122 | QAFLAG | Character | 1 | Internal use |
| 123 | RECSTAT | Character | 1 | Internal use |
| ** Total ** | | | 256 | |
| RUNRPTNO (1) C 8 Run Report Number [Changed for 2001 from 6] | | | | |

Required field.

May not contain any blanks.

System checks that it is not duplicated in the current batch

RDATE (2) C 8 Run Date MMDDYYYY

Required field.

Month between 01 and 12.

Day within range for specific month.

Year must match the date entry year established by system configuration.

DAI (2a) C 1 Day of Week, 1 through 7, 1 = Monday

Calculated by the system.

AMBID (3) C 3 Ambulance ID

Required field.

Must be present in the ambulance reference file.

If not empty, but contains blanks it is padded at left with zero's.

| | | | | |
|------|-----|---|---|---------------------|
| INS1 | (4) | C | 1 | Insurance: Medicare |
| INS2 | (4) | C | 1 | Insurance: Medicaid |
| INS3 | (4) | C | 1 | Insurance: Insured |
| INS4 | (4) | C | 1 | Insurance: Other |
| INS5 | (4) | C | 1 | Insurance: Self-Pay |
| INS6 | (4) | C | 1 | Insurance: None |
| INS7 | (4) | C | 1 | Insurance: Unknown |

Optional Fields.

1 or blank.

Up to two of the INS fields can contain a "1". If INS5, INS6, or INS7 is "1", the others must all be blank.

HLOC (5) C 5 Patient Residence: county/town code

Required if available.

If present must be valid county/town code present in reference file. 99999 = out of state. If blanks are present (but field is not entirely blank) it is padded at left with zeros.

AGE (6) C 3 Patient Age, normally calculated from DOB

Required if available.

Normally calculated from DOB and RDATE. DOB may be bypassed and an age entered directly.

DOB C 8 Patient Date of Birth MMDDYYYY

Required if available.

When present month must be between 01 and 13 and day within range for specific month.

SEX (7) C 1 Sex, 1=Male 2=Female

Required if available.

1, 2 or blank.

SITECODE (8) C 2 Site where Illness/Injury occurred

Required if available.

Must be present in site code reference file.

ALOC (9) C 5 Accident/Incident Location: county/town code

Required field.

Valid county/town code present in reference file, or 99999 if out of state. Warning given is not present in a service-specific accident location file.

ORIGHOSP C 3 Originating Hospital: Hospital Code

Required if applicable.

Entered only when SITECODE is = 10. Warning given if not present in the destination file.

DEST (10) C 3 Destination Code

Required field.

Warning given if not present in a service-specific destination file.

If not a transporting service (AMBID > 840) then ID of transporting service is entered, but stored in the TRANSRV field.

| | | | | |
|------|------|---|---|---------------------|
| EMT | (11) | C | 5 | Crew License Number |
| EMT2 | (12) | C | 5 | Crew License Number |
| EMT3 | (13) | C | 5 | Crew License Number |
| EMT4 | (14) | C | 5 | Crew License Number |
| EMT5 | (15) | C | 5 | Crew License Number |
| EMT6 | (16) | C | 5 | Crew License Number |

Required entry in at least one of the six fields.

Padded at left with zeros, if necessary.

No license number may be duplicated.

Must be present in statewide crew file, but may be added to that file interactively.

Warning given if not present in a service-specific crew file but may be added to that file interactively. Warning given if no entry made in any of the six fields, enter 99999.

License numbers beginning with "999" are reserved for various special uses, and are always valid.

| | | | | |
|-------|------|---|---|------------------------|
| INJ1 | (17) | C | 1 | Injury Fields: Medical |
| | | | | (through) |
| INJ20 | | | | |

Required field for TYPRUN 1 or 3.

Stored as 0 or 1. Entered through a special routine where values between 01 and 20 are entered for all checked fields.

| | | | | |
|----------|------|---|---|-------------------|
| AOB/ETOH | (18) | C | 1 | Alcohol on Breath |
|----------|------|---|---|-------------------|

Required when applicable.

1 or blank.

| | | | | |
|-----|------|---|---|---------------------------------------|
| MVA | (19) | C | 1 | Motor Vehicle Accident (Values 1 - 8) |
|-----|------|---|---|---------------------------------------|

Required when applicable.

1 through 8 or blank.

| | | | | |
|-------|------|---|---|----------------|
| BELTS | (20) | C | 1 | Seat Belt Used |
|-------|------|---|---|----------------|

Required when applicable.

1 through 3 or blank.

| | | | | |
|--------|------|---|---|-------------|
| HELMET | (21) | C | 1 | Helmet Worn |
|--------|------|---|---|-------------|

Required when applicable.

1 or blank.

| | | | | |
|-----------|------|---|---|----------------|
| CHILDSEAT | (22) | C | 1 | Childseat Used |
|-----------|------|---|---|----------------|

Required when applicable.

1 or blank.

AIRBAG (23) C 1 Airbag Deployed

Required when applicable.
1 or blank.

LUNGR (24) C 1 Lung Sounds: Right
LUNGL C 1 Lung Sounds: Left

Required when applicable.
1 or blank.

TYPRUN (25) C 1 Type of Run (Values 1 - 7)

Required field.

If service is a non-transporting service (AMBID > 840)

Must be 1, 4, 5, 6 or 7.

If TRANSRV field = 104 then must be 4, 5, 6 or 7.

Otherwise (i.e. a transporting service)

Must be 4, 5, 6 or 7 if DEST = 104.

Otherwise must be 1, 2 or 3.

RECVT (26) C 4 Time Call Received
SCENET (27) C 4 Time of Arrival at Scene
FSCNT (28) C 4 Time leaving Scene
DESTNT (29) C 4 Time of Arrival at Destination

Required if available.

Times are in military time format. Hours bet 00 and 24, minutes between 00 and 59.

00:00 is invalid, as is any entry for minutes other than 00 if hour = 24.

May be blank, but if non blank then padded at left with zeros if necessary.

If type of run is 1 or 3 (emergency) and time between call received and at scene is more than 20 minutes, then a warning is given.

Otherwise, any time span of more than 30 minutes generates a warning.

Times may not be out of sequence unless one is greater than 22:00 and the second is less than 02:00.

TIMECODETO (30)C 1 Response Code To Scene
TIMECODEFR (31)C 1 Response Code From Scene

Required if applicable.
1 through 3 or blank.

TIMEX (32) C 4 Time - Vital Signs

Required if available.

Subject to the same format edits as the time fields above.

If not within 60 minutes of the time as scene a warning is generated.

PULSE (33) C 3 Pulse

Required for emergency runs (TYPRUN 1 or 3).
Between 0 and 250.

RESP (34) C 3 Respiration

Required for emergency runs (TYPRUN 1 or 3).
Between 0 and 200.

BPSYS (35) C 3 Blood Pressure - Systolic
BPDIA (36) C 3 Blood Pressure - Diastolic

Required for emergency runs (TYPRUN 1 or 3) unless taken by palpation, then only BPSYS is required.
Required if available for non-emergency runs and no transports.
Between 0 and 300 for both of these fields.

PUPIL (37) C 1 Pupillary Response

Required if available.
1, 2, 3, 4, 8, 9 or blank.

SKIN (38) C 1 Skin temperature, color, moisture level

Required if available.
1 through 7, 9 or blank.

EYE (41) C 1 Eye Opening Response

Required if available.
1 through 4 or blank.

VERB (39) C 1 Verbal Response

Required if available.
1 through 5 or blank.

MOTOR (40) C 1 Motor Response

Required if available.
1 through 6 or blank.

CAP (42) C 1 Capillary Refill

Required if available.
1 through 3 or blank.

ASSIST (43) C 3 Mutual Aid by/for another service

Required if appropriate.
Service license number of service that provided mutual aid or for which mutual aid was provided.
When present, must be a valid, currently active service license number present in the service reference file.

TRMT1 (44) C 1 Treatment Fields(through)
TRMT22

Required if applicable.

Stored as 0 or 1. Entered through a special routine where values between 01 and 22 are entered for all checked fields.

TRMT7TIME C 4 Time AED used

Required if appropriate.

Entered only when TRMT7 = 1.

Subject to the same format edits as the time fields above.

DRUGS (45) C 1 Medication Administered

Required if applicable.

1 or blank.

MED01 C 2 Medication Code
MED02 C 2 Medication Code
MED03 C 2 Medication Code
MED04 C 2 Medication Code
MED05 C 2 Medication Code
MED06 C 2 Medication Code

Required if applicable.

Entered only when DRUGS = 1. Must be present in the drug code reference file.

MEDTIME C 4 Medication Time

Required if available.

Entered only when DRUGS = 1.

Subject to the same format edits as the time fields above.

DEFIBKEY (46) C 1 Defib/C-Vert performed, 1=Defib 2=CVert

Required if applicable.

1, 2 or blank.

DEFIB C 5 License Number of Crew performing Defib/C-Vert

Required if applicable.

Entered only when DEFIBKEY is non-empty. Valid crew license number must be present in one of the six crew license fields above.

DEFIBTIME C 4 Time of Defib/C-Vert

Required if available.

Entered only when DEFIBKEY is non-empty.

Subject to the same format edits as the time fields above.

MEDCTL (47) C 1 Medical Control

Required if applicable.
1, 2 or blank.

MONITOR (48) C 1 Monitor

Required if applicable.
1 or blank.

PACING (49) C 1 Cardiac Pacing

Required if applicable.
1 or blank.

CHESTDEC (50) C 1 Chest Decompression

Required if applicable.
1 or blank.

CRICOTH (51) C 1 Cricothyrotomy

Required if applicable.
1 or blank.

IV (52) C 1 IV Attempt

Required if applicable.
1, 2 or blank.

IVLIC (53) C 5 License number of crew attempting IV

Required if applicable.
Entered only when IV is non-empty. Valid crew license number must be present
in one of the six crew license fields above.

PITRAN (54) C 1 Paramedic Inter-Facility Transfer

Required if applicable.
1 or blank.

ET (55) C 1 ET attempt

Required if applicable.
1, 2 or blank.

ETLIC (56) C 5 License number of crew attempting ET

Required if applicable.

Entered only when ET is non-empty. Valid crew license number must be present in one of the six crew license fields above.

TRANSRV C 3 Service number of transporting service

This field is the ID number of the transporting service, entered as the DEST (above), when the original ambulance service is a non-transporting service (AMBID > 840).

When present, must be a valid, currently active service license number present in the service reference file.

APPENDIX I

29 A§2054

Emergency and Auxiliary Lights, Sirens and Privileges

[<< Title>>](#) 29-A - §2054. Emergency and auxiliary lights; sirens; privileges Prev: Chapter 19 §2053 Next: Chapter 19 §2055 Download Chapter 19 PDF , Word (RTF) Download Section 2054 PDF , Word (RTF) Statute Search List of Titles Maine Law Disclaimer Revisor's Office Maine Legislature [<< Title>>](#) 29-A: MOTOR VEHICLES (HEADING: PL 1993, c. 683, Pt. A, @2 (new); Pt. B, @5 (aff)) Chapter 19: OPERATION (HEADING: PL 1993, c. 683, Pt. A, @2 (new); Pt. B, @5 (aff)) Subchapter 1: RULES OF THE ROAD (HEADING: PL 1993, c. 683, Pt. A, @2 (new); Pt. B, @5 (aff))

§2054. Emergency and auxiliary lights; sirens; privileges

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Ambulance" means any vehicle designed, constructed and routinely used or intended to be used for the transportation of ill or injured persons and licensed by Maine Emergency Medical Services pursuant to [<< Title>>](#) 32, chapter 2-B. [1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]

B. "Authorized emergency vehicle" means any one of the following vehicles:

- (1) An ambulance;
- (2) A Baxter State Park Authority vehicle operated by a Baxter State Park ranger;
- (3) A Bureau of Marine Patrol vehicle operated by a coastal warden;
- (4) A Department of Conservation vehicle operated by a forest ranger;
- (5) A Department of Conservation vehicle used for forest fire control;
- (6) A Department of Corrections vehicle used for responding to the escape of or performing the high-security transfer of a prisoner, juvenile client or juvenile detainee;
- (7) A Department of Inland Fisheries and Wildlife vehicle operated by a warden;
- (8) A Department of Public Safety vehicle operated by a liquor enforcement officer, a capital security officer appointed pursuant to [<< Title>>](#) 25, section 2908, a state fire investigator or a Maine Drug Enforcement Agency officer;
- (9) An emergency medical service vehicle;
- (10) A fire department vehicle;
- (11) A hazardous material response vehicle, including a vehicle designed to respond to a weapon of mass destruction;
- (12) A railroad police vehicle;
- (13) A sheriff's department vehicle;
- (14) A State Police or municipal police department vehicle;
- (15) A vehicle operated by a chief of police, a sheriff or a deputy sheriff when authorized by the sheriff;
- (16) A vehicle operated by a municipal fire inspector, a municipal fire chief, an assistant or deputy chief or a town forest fire warden;
- (17) A vehicle operated by a qualified deputy sheriff or other qualified individual to perform court security-related functions and services as authorized by the State Court Administrator pursuant to [<< Title>>](#) 4, section 17, subsection 15; or
- (18) A Federal Government vehicle operated by a federal law enforcement officer. [2001, c. 360, §5 (amd).]

C. "Auxiliary light" means a light, other than standard equipment lighting such as headlights, taillights, directional signals, brake lights, clearance lights, parking lights and license plate lights, that is displayed on a vehicle and used to increase the operator's visibility of the road or the visibility of the vehicle to other operators and pedestrians. [1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]

D. "Emergency light" means an auxiliary light displayed and used on an authorized emergency vehicle to distinguish it and make it recognizable as an authorized emergency vehicle. [1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]

E. "Emergency medical service vehicle" means a vehicle equipped and used to transport emergency medical personnel or equipment to ill or injured persons and authorized by Maine Emergency Medical Services. [1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]

F. "Fire vehicle" means any vehicle listed under paragraph B, subparagraph (5) or (16). [1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]

G. "Hazardous material response vehicle" means a vehicle equipped for and used in response to reports of emergencies resulting from actual or potential releases, spills or leaks of, or other exposure to, hazardous substances that is authorized by a mutual aid agreement pursuant to [Title 37-B](#), section 795, subsection 3 and approved by the local emergency planning committee or committees whose jurisdiction includes the area in which the vehicle operates. [1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]

H. "Highway maintenance vehicle" means a vehicle used to maintain the highways, including, but not limited to, a plow, grader, sand truck, sweeper and tar truck. [1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]

I. "Police vehicle" means any vehicle listed under paragraph B, subparagraph (2), (3), (4), (7), (8), (12), (13), (14) or (18). [1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).] [2001, c. 360, §5 (amd).]

2. Authorized lights. Authorized lights are governed as follows.

A. Only an ambulance; an emergency medical service vehicle; a fire department vehicle; a police vehicle; a Department of Conservation vehicle used for forest fire control; a Department of Corrections vehicle as described in subsection 1, paragraph B, subparagraph (6); and a highway maintenance vehicle may be equipped with a device that provides for alternate flashing of the vehicle's headlights. [1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]

B. Only a police vehicle may be equipped with a device that provides for alternate flashing of the vehicle's brake or rear directional lights and back-up lights or strobe lights behind the rear brake lenses. [1995, c. 247, §4 (amd).]

C. The use of amber lights on vehicles is governed by the following.

(1) A vehicle engaged in highway maintenance or in emergency rescue operations by civil defense and public safety agencies and a public utility emergency service vehicle may be equipped with auxiliary lights that emit an amber light.

(2) A wrecker must be equipped with a flashing light mounted on top of the vehicle in such a manner as to emit an amber light over a 360° angle. The light must be in use on a public way or a place where public traffic may reasonably be anticipated when servicing, freeing, loading, unloading or towing a vehicle.

(3) A vehicle engaged in snow removal or sanding operations on a public way must be equipped with and display at least 2 auxiliary lights mounted on the highest practical point on the vehicle and provide visible light coverage over a 360° range. The lights must emit an amber beam of light, be at least 6 inches in diameter and be equipped with blinking attachments. In lieu of the lights specified, a vehicle may be equipped with at least one auxiliary rotating flashing light having 4-inch sealed beams and showing amber beams of light over a 360° range or an amber

strobe, or combination of strobes, that emits at a minimum a beam of 1,000,000 candlepower and provides visible light coverage over a 360° range. When the left wing of a plow is in operation and extends over the center of the road, an auxiliary light must show the extreme end of the left wing. That light may be attached to the vehicle so that the beam of light points at the left wing. The light illuminating the left wing may be controlled by a separate switch or by the regular lighting system and must be in operation at all times when the vehicle is used for plowing snow on public ways.

(4) A vehicle equipped and used for plowing snow on other than public ways may be equipped with an auxiliary rotary flashing light that must be mounted on top of the vehicle in such a manner as to emit an amber beam of light over a 360° angle, or an amber strobe, or combination of strobes, that emits at a minimum a beam of 1,000,000 candlepower and provides visible light coverage over a 360° range. The light may be in use on a public way only when the vehicle is entering the public way in the course of plowing private driveways and other off-highway locations.

(5) A rural mail vehicle may be equipped with auxiliary lights.

(a) The lights used to the front must be white or amber, or any shade between white and amber.

(b) The lights used to the rear must be amber or red, or any shade between amber and red.

(c) The lights, whether used to the front or rear, must be mounted at the same level and as widely spaced laterally as possible.

(d) The lights, whether used to the front or rear, must flash simultaneously.

(e) The lights must be visible from a distance of at least 500 feet under normal atmospheric conditions at night.

(6) A vehicle used or provided by a contract security company to assist in traffic control and direction at construction or maintenance sites on a public way may be equipped with auxiliary lights. Effective July 1, 1996, the auxiliary lights must be amber. Prior to July 1, 1996, the auxiliary lights must be green or amber.

(7) A Department of Public Safety vehicle operated by a motor carrier inspector may be equipped with auxiliary lights that emit an amber light. [2001, c. 360, §6 (amd).]

D. Emergency lights used on a police vehicle; a Department of Corrections vehicle as described in subsection 1, paragraph B, subparagraph (6); a vehicle operated by a chief of police, a sheriff or a deputy sheriff; and a vehicle operated by a qualified deputy sheriff or other qualified individual performing court security-related functions and services must emit a blue light or a combination of blue and white light. No other vehicle may be equipped with or display a blue light, except that on any vehicle, or replica of a vehicle, manufactured prior to 1952 and registered under section 457, the taillight may contain a blue or purple insert of not more than one inch in diameter. [1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]

E. Two fog or auxiliary lights, which must emit amber or white light, may be mounted on a motor vehicle. The rays from the lights may not shine more than 2 feet above the road at a distance of 30 feet. A fog or auxiliary light mounted higher than the center of the main headlights may not be illuminated while a motor vehicle is being operated on any public way. [1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]

F. Only vehicles listed in this paragraph, rural mail vehicles as provided in paragraph C, subparagraph (5) and school buses may be equipped with, display or use a red auxiliary or emergency light.

(1) Emergency lights used on an ambulance, an emergency medical service vehicle, a fire department vehicle, a fire vehicle or a hazardous material response vehicle must emit a red light or a combination of red and white light.

(2) The municipal officers or a municipal official designated by the municipal officers. with the

approval of the fire chief, may authorize an active member of a municipal or volunteer fire department to use a flashing red signal light not more than 5 inches in diameter on a vehicle. The light may be displayed but may be used only while the member is en route to or at the scene of a fire or other emergency. The light must be mounted as near as practicable above the registration plate on the front of the vehicle or on the dashboard. A light mounted on the dashboard must be shielded so that the emitted light does not interfere with the operator's vision.

(3) Members of an emergency medical service licensed by Maine Emergency Medical Services may display and use on a vehicle a flashing red signal light of the same proportion, in the same location and under the same conditions as those permitted municipal and volunteer firefighters, when authorized by the chief official of the emergency medical service. [1995, c. 22, §1 (amd).]

G. A vehicle may be equipped with a spotlight. Only spotlights on authorized emergency vehicles, highway maintenance vehicles and public utility vehicles may be used on a public way, except any vehicle may use a spotlight in cases of necessity when other lights required by law fail to operate. [1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]

H. A vehicle in a funeral procession may be equipped with a flashing light. The light must emit a yellow beam of light. The light may not be more than 5 inches in diameter and must be placed on the dashboard. The light must be shielded so that the emitted light does not interfere with the operator's vision. The flashing light may be used only when the vehicle is used in a funeral procession. [2001, c. 10, §1 (new).] [2001, c. 10, §1 (amd); c. 360, §6 (amd).]

3. Sirens. A bell or siren may not be installed or used on any vehicle, except an authorized emergency vehicle. [1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]

4. Right-of-way. An authorized emergency vehicle operated in response to, but not returning from, a call or fire alarm or operated in pursuit of an actual or suspected violator of the law has the right-of-way when emitting a visual signal using an emergency light and an audible signal using a bell or siren. On the approach of any such vehicle, the operator of every other vehicle shall immediately draw that vehicle as near as practicable to the right-hand curb, parallel to the curb and clear of any intersection and bring it to a standstill until the authorized emergency vehicle has passed. A violation of this subsection is a Class E crime that, notwithstanding [Title 17-A](#), section 1301, is punishable by a minimum fine of \$250 for the first offense and for a 2nd offense occurring within 3 years of the first offense a mandatory 30-day suspension of a driver's license. [1997, c. 162, §1 (amd).]

4-A. Registered owner's liability for vehicle failing to yield right-of-way. A person who is a registered owner of a vehicle at the time that vehicle is involved in a violation of subsection 4 commits a traffic infraction unless a defense applies pursuant to paragraph D. For purposes of this subsection, "registered owner" includes a person issued a dealer or transporter registration plate.

A. The operator of an authorized emergency vehicle who observes a violation of subsection 4 may report the violation to a law enforcement officer. If a report is made, the operator shall report the time and the location of the violation and the registration plate number and a description of the vehicle involved. The officer shall initiate an investigation of the reported violation and, if possible, contact the registered owner of the motor vehicle involved and request that the registered owner supply information identifying the operator of the registered owner's motor vehicle. [1997, c. 162, §2 (new).]

B. The investigating officer may cause the registered owner of the vehicle to be served with a summons for a violation of this subsection. [1997, c. 162, §2 (new).]

C. Except as provided in paragraph D, it is not a defense to a violation of this subsection that a registered owner was not operating the vehicle at the time of the violation. [1997, c. 162, §2 (new).]

D. The following are defenses to a violation of this subsection.

(1) If a person other than the registered owner is operating the vehicle at the time of the violation of subsection 4 and is convicted of that violation, the registered owner may not be found in violation of this subsection.

(2) If the registered owner is a lessor of vehicles and at the time of the violation the vehicle was in the possession of a lessee and the lessor provides the investigation officer with a copy of the lease agreement containing the information required by section 254, the lessee, not the lessor, may be charged under this subsection.

(3) If the vehicle is operated using a dealer or transporter registration plate and at the time of the violation the vehicle was operated by any person other than the dealer or transporter and if the dealer or transporter provides the investigating officer with the name and address of the person who had control over the vehicle at the time of the violation, that person, not the dealer or transporter, may be charged under this subsection.

(4) If a report that the vehicle was stolen is given to a law enforcement officer or agency before the violation occurs or within a reasonable time after the violation occurs and an investigation determines the vehicle was stolen, the registered owner may not be charged under this subsection. [1997, c. 162, §2 (new).] [1997, c. 162, §2 (new).]

5. Exercise of privileges. The operator of an authorized emergency vehicle when responding to, but not upon returning from, an emergency call or fire alarm or when in pursuit of an actual or suspected violator of the law may exercise the privileges set forth in this subsection. The operator of an authorized emergency vehicle may:

A. Park or stand, notwithstanding the provisions of this chapter; [1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]

B. Proceed past a red signal, stop signal or stop sign, but only after slowing down as necessary for safe operation; [1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]

C. Exceed the maximum speed limits as long as life or property is not endangered, except that capital security officers and employees of the Department of Corrections may not exercise this privilege; [2001, c. 360, §7 (amd).]

D. Disregard regulations governing direction of movement or turning in specified directions; and [1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]

E. Proceed with caution past a stopped school bus that has red lights flashing only:

(1) After coming to a complete stop; and

(2) When signaled by the school bus operator to proceed. [1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).] [2001, c. 360, §7 (amd).]

6. Emergency lights and audible signals. The operator of an authorized emergency vehicle who is exercising the privileges granted under subsection 5 shall use an emergency light authorized by subsection 2. The operator of an authorized emergency vehicle who is exercising the privileges granted under subsection 5, paragraphs B, C, D and E shall sound a bell or siren when reasonably necessary to warn pedestrians and other operators of the emergency vehicle's approach. [1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]

7. Duty to drive with due regard for safety. Subsections 4, 5 and 6 do not relieve the operator of an authorized emergency vehicle from the duty to drive with due regard for the safety of all persons, nor do those subsections protect the operator from the consequences of the operator's reckless disregard for the safety of others. [1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]

8. Standards for lights on highway maintenance vehicles. The Commissioner of Transportation, with the consent of the Chief of the State Police, shall adopt standards and specifications for headlights, clearance lights, identification lights and other lights on highway maintenance vehicles. These standards must include prescribed usage for the various lights when

a highway maintenance vehicle is in operation. The standards and specifications adopted pursuant to this section must correspond to and so far as practical conform with those approved by the national association of state highway officials. The standards and specifications adopted pursuant to this section are in addition to and do not supersede the lighting requirements established in subsections 1 to 7 and sections 1904 to 1909.

Highway maintenance vehicles owned by a municipality or performing maintenance under contract to a municipality must meet the lighting requirements established in subsections 1 to 7 and sections 1904 to 1909. A municipality may adopt the standards and specifications developed in accordance with this subsection.

[1993, c. 683, Pt. A, §2 (new); Pt. B, §5 (aff).]

9. Stationary authorized emergency vehicles. The operator of a vehicle passing a stationary authorized emergency vehicle using an emergency light, with due regard to the safety and traffic conditions, shall:

A. Pass in a lane not adjacent to that of the authorized emergency vehicle, if possible; or [2001, c. 360, §8 (new).]

B. If passing in a nonadjacent lane is impossible or unsafe, pass the emergency vehicle at a careful and prudent speed reasonable for passing the authorized emergency vehicle safely. [2001, c. 360, §8 (new).] [2001, c. 360, §8 (new).]

Section History:

PL 1993, Ch. 683, §A2 (NEW). PL 1993, Ch. 683, §B5 (AFF). PL 1995, Ch. 22, §1 (AMD). PL 1995, Ch. 65, §A153,C15 (AFF). PL 1995, Ch. 65, §C6 (AMD). PL 1995, Ch. 247, §4 (AMD). PL 1997, Ch. 162, §1,2 (AMD). PL 1999, Ch. 29, §2 (AMD). PL 2001, Ch. 10, §1 (AMD). PL 2001, Ch. 360, §5-8 (AMD).

The Revisor's Office cannot provide legal advice or interpretation of Maine law to the public. If you need legal advice, please consult a qualified attorney.

Office of the Revisor of Statutes 7 State House Station

State House Room 108

Augusta, Maine 04333-0007

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APPENDIX J

**HIPAA Privacy Rule
&
Applicable Maine State Statutes**

<http://www.cms.hhs.gov/hipaa/hipaa2/regulations/privacy/default.asp>

You are here: [Administrative Simplification](#) > [Regulations](#) > Privacy

HIPAA Administrative Simplification - Privacy

For more information on the privacy standards, visit the [HHS Office for Civil Rights](#).

Final Rule

- Final Modifications to the Privacy Rule, Federal Register, August 14, 2002
 - [Text format](#)
 - [PDF format \(486KB\)](#)
- Final Rule published in the Federal Register on December 28, 2000
 - Rule in PDF Format (8 parts): [Zipped \(2.49MB\)](#)
[Part 1 \(PDF, 401KB\)](#) | [Part 2 \(PDF, 298KB\)](#) | [Part 3 \(PDF, 311KB\)](#) | [Part 4 \(PDF, 308KB\)](#) | [Part 5 \(PDF, 309KB\)](#) | [Part 6 \(PDF, 312KB\)](#) | [Part 7 \(PDF, 584KB\)](#) | [Part 8 \(PDF, 180KB\)](#)
 - Rule in Text Format (8 parts): [Zipped \(725KB\)](#)
[Part 1](#) | [Part 2](#) | [Part 3](#) | [Part 4](#) | [Part 5](#) | [Part 6](#) | [Part 7](#) | [Part 8](#)
 - Rule in HTML Format: [Preamble \(in 4 parts\)](#) | [Regulation Text](#)

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HIPAA Privacy Rule

Summary

The section applies to the privacy practices of Health Care Providers and will be the primary focus of this notice. Services must be in compliance with this section by ***April 14, 2003***, which includes providing training for all of your personnel. While we don't anticipate HIPAA police knocking on your door on April 15th, we suggest strongly that you work diligently to implement the requirements as soon as possible.

Compliance with the HIPAA Privacy Rule

The following are some of the basic requirements under the HIPAA Privacy Rule:

1. Adopt a notice of Privacy Practices that outlines your privacy policy and is given to ***every*** patient you encounter. You must also make a good-faith attempt to obtain their signed acknowledgement of the policy.
2. Create a policy that outlines when and how you will release protected health information (PHI). Ambulance services may release a patient's PHI *without* permission from the patient in only three (3) instances: (1) treatment, (2) payment, and (3) health care operations. All other releases must be covered by your policy. You will also need to take reasonable steps to protect your PHI, which would include:
 - A. Create a closed, locked container for your crews to put their run reports in when completed.
 - B. Inform your personnel that they can't leave their run reports lying around anymore while waiting to complete them.
 - C. Identify all personnel in your organization who have a need to access PHI as a function of their job and limit their access to only that PHI that they need to access.
 - D. Develop a strong confidentiality policy that identifies the disciplinary action, up to and including termination, for violations of the policy. You should not tread lightly with the dissemination and enforcement of this policy; this is an important part of your program.
 - E. Develop a mechanism to track releases of PHI.
3. Sign "business associate" agreements with individuals or organizations that may have access to PHI. Some organizations or individuals that you may want to have an agreement with would be: Billing companies, legal counsel, or collection agency.

4. Provide HIPAA training to all employees by April 14, 2003. For the purposes of this law, employees include paid personnel, volunteers, students, and job shadows. Reinforce as part of your training that HIPAA protects all patient information whether it is transmitted electronically, orally, or in writing. Personnel must be cautioned against speaking in public places about calls on which they, or their service, responded.
5. Appoint a Privacy Officer.
6. Adopt a policy to handle all complaints regarding use or disclosure of PHI.

in the interpretation of this chapter or rules adopted pursuant to this chapter may appeal the decision to the board for a final decision. The staff's or subcommittee's decision stands until the board issues a decision to uphold, modify or overrule the staff's or subcommittee's decision. In the case of nonrenewal, the person or organization must be afforded an opportunity for hearing in accordance with this chapter and the Maine Administrative Procedure Act.

Any person or organization aggrieved by a final decision of the board in waiving the application of any rule, in refusing to issue or renew a license, in taking any disciplinary action pursuant to this chapter or rules adopted pursuant to this chapter or in the interpretation of this chapter or any rule adopted pursuant to this chapter may appeal the board's decision to the Superior Court in accordance with Title 5, chapter 375, subchapter VU.



32 § 92. Confidentiality of information

Any reports, information or records provided to the board or department pursuant to this chapter must be provided to the licensee and are confidential insofar as the reports, information or records identify or permit identification of any patient, provided that the board may disclose any confidential information as follows.

1. Hearings or proceedings. Confidential information may be released in an adjudicatory hearing or informal conference before the board or in any subsequent formal proceeding to which information is relevant.

2. Consent agreements or settlement. Confidential information may be released in a consent agreement or other written settlement, when the information constitutes or pertains to the basis of board action.

3. During investigation. All complaints and investigative records of the board are confidential during the pendency of an investigation. Those records become public records upon the conclusion of an investigation unless confidentiality is required by some other provision of law. For purposes of this subsection, an investigation is concluded when:

A. A notice of an adjudicatory hearing as defined under Title 5, chapter 375, subchapter I has been issued;

B. A consent agreement has been executed; or

C. A letter of dismissal has been issued or the investigation has otherwise been closed.

4. Exceptions. Notwithstanding subsection 3, during the pendency of an investigation, a complaint or investigative record may be disclosed:

A. To Maine Emergency Medical Services employees designated by the director; B. To designated complaint officers of the board;

- C. By a Maine Emergency Medical Services employee or complaint officer designated by the board when, and to the extent, considered necessary to facilitate the investigation;
- D. To other state or federal agencies when the files contain evidence of possible violations of laws enforced by those agencies;
- E. When and to the extent considered necessary by the director to avoid imminent and serious harm. The authority of the director to make such a disclosure may not be delegated;
- F. Pursuant to rules adopted by the department, when it is determined that confidentiality is no longer warranted due to general public knowledge of the circumstances surrounding the complaint or investigation and when the investigation would not be prejudiced by the disclosure; or
- G. To the person investigated on request of that person. The director may refuse to disclose part or all of any investigative information, including the fact of an investigation when the director determines that disclosure would prejudice the investigation. The authority of the director to make such a determination may not be delegated.



32 § 92-A. Records of quality assurance activities

- 1. Immunity from suit.** Any person who participates in the activities of any emergency medical services quality assurance committee approved by the board is immune from civil liability for undertaking or failing to undertake any act within the scope of the committee.
- 2. Confidentiality.** All proceedings and records of proceedings concerning the quality assurance activities of an emergency medical services quality assurance committee approved by the board and all reports, information and records provided to the committee are confidential and may not be obtained by discovery from the committee, the board or its staff.
- 3. Assistance of information; immunity.** Any person, health care facility or other emergency services organization which assists in the activities of an emergency medical services quality assurance committee approved by the board which provides information to an emergency medical services quality assurance committee approved by the board shall be protected by the provisions of section 93 as though that assistance of information were provided to the board itself.

32 § 93. Immunity

Any person, health care facility or other emergency services organization acting in good faith is immune from civil liability to the licensee or applicant for licensure for the following actions:

- 1. Report; information.** Making any report or other information available to Maine Emergency Medical Services under this chapter; and
- 2. Assisting.** Assisting Maine Emergency Medical Services in carrying out any of its duties.

32 § 93-A. Immunity for supervision and training

- 1. Emergency medical treatment supervision.** No physician functioning within the medical

control system established by the regional medical director and practicing in a hospital to or from which patients are transported under section 86 or health care practitioner under such a physician's supervision who gives oral or written instructions to a basic emergency medical services person or an advanced emergency medical technician for the provision of emergency medical treatment outside the hospital may be civilly liable for negligence as a result of issuing the instructions, if the instructions were in accordance with the protocol for the patient's

[<< Title](#) 22 - §3022. Office of Chief Medical Examiner Prev: Chapter 711 §3021 Next: Chapter 711 §3023 Download Chapter 711 PDF , Word (RTF) Download Section 3022 PDF , Word (RTF) Statute Search List of Titles Maine Law Disclaimer Revisor's Office Maine Legislature [<< Title](#) 22: HEALTH AND WELFARE Subtitle 2: HEALTH Part 6: BIRTHS, MARRIAGES AND DEATHS

Chapter 711: MEDICAL EXAMINER ACT

§3022. Office of Chief Medical Examiner

1. Appointment and qualifications of the Chief Medical Examiner. There is created, in the Department of the Attorney General, the Office of Chief Medical Examiner for the State. The Chief Medical Examiner is appointed by the Governor for a term of 7 years and until the Chief Medical Examiner's successor is appointed and qualified. The Chief Medical Examiner must possess a degree of doctor of medicine or doctor of osteopathy, be licensed to practice in the State and be expert in the specialty of forensic pathology. Expertise in the specialty of forensic pathology may be established either by certification in forensic pathology by the American Board of Pathology or the American Osteopathic Board of Pathology or by successful completion of an examination to test expertise in forensic pathology designed for the State by acknowledged experts in the field selected by the Governor. Any vacancy in the Office of Chief Medical Examiner must be filled by appointment by the Governor for a full term of 7 years. The Chief Medical Examiner may hire, subject to the Civil Service Law, necessary office and laboratory personnel to carry out the proper functioning of the Chief Medical Examiner's office. [2001, c. 222, §1 (amd).]

2. Appointment and qualifications of the Deputy Chief Medical Examiner. The Chief Medical Examiner may select one or more of the medical examiners to serve as deputy chief medical examiners. The Deputy Chief Medical Examiner serves at the pleasure of the Chief Medical Examiner and, if salaried, is unclassified. The salary of the Deputy Chief Medical Examiner must be set in salary range 56 of the Standard Salary Schedule for Medical Personnel as published by the Bureau of Human Resources. In the event of the Deputy Chief Medical Examiner's temporary absence, the Chief Medical Examiner or, if the Chief Medical Examiner is unavailable, the Attorney General may designate one of the deputy chief medical examiners to serve as acting Chief Medical Examiner. The acting Chief Medical Examiner has all of the powers and responsibilities of the Chief Medical Examiner. [1997, c. 643, Pt. G, §1 (amd).]

2-A. Appointment of office administrator. The Chief Medical Examiner may appoint one office administrator who shall serve at the pleasure of the Chief Medical Examiner. The office administrator shall perform such duties as may be delegated by the Chief Medical Examiner. Notwithstanding any other provisions of law, the compensation of the Chief Medical Examiner's office administrator must be fixed by the Chief Medical Examiner. [1997, c. 1, Pt. E, §1 (new).]

3. Certification and completion of reports of deaths. The Office of Chief Medical Examiner shall be responsible for certification and completion of reports of deaths identified as medical examiner cases by section 3025. This shall be accomplished by examination of bodies and useful objects and by investigation and inquiry into the circumstances surrounding the deaths. The Office of Chief Medical Examiner may compile and preserve records and data relating to criminal prosecution, public health, public safety and vital statistics, as these relate to his responsibilities. [1987, c. 329, §2 (rpr).]

4. Judgments of the medical examiners. Judgments of the medical examiners as to the identity of the deceased and the cause, manner, date, time and place of death shall be made with reasonable care based on a preponderance of the evidence. [1987, c. 329, §2 (rpr).]

5. Custodian of records. The Chief Medical Examiner shall be the custodian of the records of the Office of Chief Medical Examiner. Copies of those records not declared confidential in subsection 8 shall be available upon written request. [1987, c. 329, §2 (rpr).]

6. Certificate as evidence. Notwithstanding any other provision of law or rule of evidence, the certificate of the Chief Medical Examiner, under seal of the State, shall be received in any court as prima facie evidence of any fact stated in the certificate or documents attached to the certificate. The certificate under the seal shall be presumed to be that of the Chief Medical Examiner. A facsimile of the signature of the Chief Medical Examiner imprinted on any certificate described in this subsection shall have the same validity as his written signature and shall be admissible in court. [1987, c. 329, §2 (rpr).]

7. Medical records provided. In any medical examiner case, upon oral or written request of the medical examiner, any individual, partnership, association, corporation, institution or governmental entity that has rendered treatment pertaining to the medical examiner case shall as soon as practicable provide the medical examiner with all medical records pertaining to the person and the treatment provided. No individual, partnership, association, corporation, institution, governmental entity or employee or agent of a governmental entity may be criminally or civilly responsible for furnishing any medical records in compliance with this subsection. [1991, c. 723 (amd).]

8. Certain information confidential. The following records in the possession or custody of a medical examiner or the Office of the Chief Medical Examiner are not public records within the meaning of [§§ Title 1](#), section 402, subsection 3 and are confidential:

A. Medical records relating to a medical examiner case; [2001, c. 221, §1 (new).]

B. Law enforcement agency reports or records relating to a medical examiner case; [2001, c. 221, §1 (new).]

C. Communications with the Department of the Attorney General relating to a medical examiner case; [2001, c. 221, §1 (new).]

D. Communications with the office of a district attorney relating to a medical examiner case; [2001, c. 221, §1 (new).]

E. Death certificates and amendments made to the certificates, except for the information for which the medical examiner is responsible, as listed in section 2842, subsection 3, and not ordered withheld by the Attorney General relating to a medical examiner case or missing person; [2001, c. 221, §1 (new).]

F. Photographs and transparencies, histological slides, videotapes and other like items relating to a medical examiner case; and [2001, c. 221, §1 (new).]

G. Written or otherwise recorded communications that express or are evidence of suicidal intent obtained under section 3028, subsections 4 and 5. [2001, c. 221, §1 (new).] [2001, c. 221, §1 (rpr).]

9. Release of medical examiner's reports. [2001, c. 221, §2 (rp).]

10. Cooperation with research requests. The Office of Chief Medical Examiner shall cooperate with research requests by supplying abstracted data to interested persons consistent with the available resources of the office. [2001, c. 221, §3 (amd).]

11. Written or recorded material expressing suicidal intent. [2001, c. 221, §4 (rp).]

12. Access to or dissemination of confidential records. Except as specified in subsections 10 and 13, access to or dissemination of records made confidential under subsection 8 is limited to:

A. A criminal justice agency for the purpose of the administration of criminal or juvenile justice; [2001, c. 221, §5 (new).]

B. A person for whom the Chief Medical Examiner determines access is necessary or desirable to carry out a duty under this Act: [2001, c. 221, §5 (new).]

C. A person for whom the Chief Medical Examiner determines access is necessary or desirable to allow for the harvesting of a decedent's organs and other tissues; [2001, c. 221, §5 (new).]

D. A person when authorized or required under any state or federal law, rule or regulation; and [2001, c. 221, §5 (new).]

E. A person pursuant to a court order. [2001, c. 221, §5 (new).]

Access to or dissemination of records as provided under paragraphs A to C can be done as a matter of course by the Chief Medical Examiner unless the Attorney General directs otherwise. [2001, c. 221, §5 (new).]

13. Access to certain information by certain persons. Unless a medical examiner case is under investigation by the Department of the Attorney General or the office of a district attorney and the Attorney General or the district attorney determines that there is a reasonable possibility that release or inspection interferes with a criminal investigation or prosecution by the disclosure:

A. Items identified in subsection 8, paragraphs F and G may be inspected and copies obtained, upon payment of any required fee under section 3035, by:

(1) A next of kin of the deceased, as defined under section 2843-A. The Chief Medical Examiner may provide the original of the items described in subsection 8, paragraph G to the next of kin or other person to whom that item is addressed or directed;

(2) An insurer that may be responsible for payment of benefits as a result of a death if relevant to the payment obligation;

(3) An attorney representing the estate of the decedent or the decedent's property if relevant to the representation; and

(4) An attorney representing a person or a person's estate and exploring a possible civil action against the estate of the decedent if relevant to the representation; and [2001, c. 221, §5 (new).]

B. A person may inspect and obtain a copy of communications identified in subsection 8, paragraphs C and D, except work product as defined in Rule 16(b)(3) of the Maine Rules of Criminal Procedure, as long as the communications would otherwise be open to inspection and release if in the possession or custody of the Department of the Attorney General or the office of a district attorney. [2001, c. 221, §5 (new).] [2001, c. 221, §5 (new).]

14. Access to report documents. Report documents, as defined in section 3035, subsection 2, in the possession or custody of a medical examiner or the Office of the Chief Medical Examiner constitute investigative information. Release and inspection are governed by << Title >> 16, section 614. Release and inspection are also contingent upon the person's request specifying a specific decedent or decedents and the payment of any required fee under section 3035. [2001, c. 221, §5 (new).]

15. Testing for HIV. Notwithstanding << Title >> 5, chapter 501, the Chief Medical Examiner in a medical examiner case may test for the human immunodeficiency virus and may disclose the test result as authorized under subsection 12. [2001, c. 221, §5 (new).]

As used in subsections 10, 12, 13 and 14, "person" means a natural person, including a public servant, or a corporation, partnership, unincorporated association or other legal entity, including a governmental unit. [2001, c. 221, §6 (new).] The Revisor's Office cannot provide legal advice or interpretation of Maine law to the public.

APPENDIX K

Sample MHIC Service Reports

MAINE EMERGENCY MEDICAL SERVICES

Augusta Fire Department

TABLE 6: PEAK ACTIVITY BY DAY OF WEEK
PERIOD COVERED: 01/01/2001 - 12/31/2001

| TIME OF CALL ----- | TOTAL # RECORDS | | MONDAY ----- | TUESDAY ----- | WEDNESDAY ----- | THURSDAY ----- | FRIDAY ----- | SATURDAY ----- | SUNDAY ----- |
|-----------------------|--------------------|------|-----------------|------------------|--------------------|-------------------|-----------------|-------------------|-----------------|
| | # | % | | | | | | | |
| 0001 - 0400 | 327 | 8% | 41 | 52 | 47 | 34 | 41 | 73 | 39 |
| 0401 - 0800 | 419 | 10% | 54 | 57 | 77 | 56 | 62 | 59 | 54 |
| 0801 - 1200 | 926 | 22% | 124 | 154 | 146 | 143 | 141 | 116 | 102 |
| 1201 - 1600 | 1003 | 24% | 167 | 135 | 150 | 155 | 140 | 142 | 114 |
| 1601 - 2000 | 766 | 19% | 103 | 131 | 138 | 92 | 107 | 105 | 90 |
| 2001 - 2400 | 551 | 13% | 91 | 70 | 83 | 74 | 92 | 72 | 69 |
| UNKNOWN | 137 | 3% | 24 | 11 | 24 | 22 | 30 | 12 | 14 |
| TOTAL RECORDS | 4129 | 100% | 604 | 610 | 665 | 576 | 613 | 579 | 482 |

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MAINE EMERGENCY MEDICAL SERVICES

Augusta Fire Department

TABLE 7A: TYPE OF MEDICAL CALLS, BY TOWN

| | | PERIOD COVERED: 01/01/2001 - 12/31/2001 | | | | | | | | | | | |
|-------|----------------|-----------------------------------------|---------------|---------|---------|--------|-----------------|--------------|--------------|---------|-----|-----------|-------|
| TOWN | | TOTAL RECORDS | % OF TOTAL | MEDICAL | CARDIAC | POISON | RESPIR ATORY | BEHAV IOR | DIA BETIC | SEIZURE | CVA | OB GYN | OTHER |
| 15090 | JEFFERSON | 6 | 0 | 3 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 15180 | WHITEFIELD | 10 | 0 | 7 | 3 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 2 |
| TOTAL | LINCOLN COUNTY | 16 | 0 | 10 | 3 | 1 | 2 | 1 | 0 | 0 | 0 | 0 | 3 |
| 27060 | FREEDOM | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27160 | PALERMO | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | WALDO COUNTY | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 99999 | OUT OF STATE | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | UNKNOWN COUNTY | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | | 4129 | 100 | 2462 | 602 | 89 | 380 | 305 | 105 | 126 | 52 | 29 | 908 |

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MAINE EMERGENCY MEDICAL SERVICES

Augusta Fire Department

TABLE 7B: TYPE OF TRAUMA CALLS AND CODE 99'S, BY TOWN

PERIOD COVERED: 01/01/2001 - 12/31/2001

| TOWN | TOTAL RECORDS | % OF TOTAL | TRAUMA | MULTI SYS TRAUMA | HEAD TRAUMA | SPINAL TRAUMA | BURN | SOFT TISSUE INJURY | FRACTURES | OTHER | CODE 99 | CONC SUICIDE |
|-----------------------|------------------|---------------|--------|---------------------|----------------|------------------|------|-----------------------|-----------|-------|------------|-----------------|
| 11260 WEST GARDINER | 5 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11270 WINDSOR | 7 | 0 | 4 | 0 | 0 | 2 | 0 | 2 | 0 | 1 | 0 | 0 |
| 11290 WINTHROP | 9 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| TOTAL KENNEBEC COUNTY | 4064 | 98 | 902 | 44 | 133 | 152 | 10 | 411 | 208 | 139 | 46 | 63 |
| 15090 JEFFERSON | 6 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 |
| 15180 WHITEFIELD | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL LINCOLN COUNTY | 16 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 |
| 27060 FREEDOM | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27160 PALERMO | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL WALDO COUNTY | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 99999 OUT OF STATE | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL UNKNOWN COUNTY | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 4129 | 100 | 904 | 44 | 133 | 152 | 10 | 412 | 209 | 140 | 47 | 63 |

MAINE EMERGENCY MEDICAL SERVICES

Augusta Fire Department

TABLE 8: TOTAL PATIENTS RECEIVING ALS TREATMENT

PERIOD COVERED: 01/01/2001 - 12/31/2001

| | DEFIB | CVERT | ***** IV ***** SUCCESSFUL | UNSUCCESSFUL | ***** ET ***** SUCCESSFUL | UNSUCCESSFUL |
|-------------------------------|-------|-------|------------------------------|--------------|------------------------------|--------------|
| | ===== | ===== | ===== | ===== | ===== | ===== |
| STATEWIDE | 436 | 5 | 44744 | 6546 | 912 | 150 |
| REGION 3 | 62 | 1 | 7602 | 744 | 123 | 22 |
| Augusta Fire Department Total | 14 | 0 | 1010 | 86 | 22 | 7 |
| 00748 | 0 | 0 | 2 | 1 | 0 | 0 |
| 01438 | 0 | 0 | 0 | 0 | 1 | 0 |
| 04558 | 0 | 0 | 8 | 4 | 0 | 0 |
| 06998 | 0 | 0 | 4 | 1 | 0 | 0 |
| 07824 | 0 | 0 | 3 | 0 | 0 | 0 |
| 07917 | 0 | 0 | 10 | 0 | 1 | 0 |
| 08813 | 1 | 0 | 1 | 0 | 0 | 0 |
| 08998 | 0 | 0 | 1 | 1 | 0 | 0 |
| 09000 | 0 | 0 | 5 | 0 | 0 | 0 |
| 09025 | 0 | 0 | 9 | 1 | 0 | 0 |
| 09282 | 0 | 0 | 1 | 0 | 0 | 0 |
| 09640 | 3 | 0 | 95 | 8 | 3 | 2 |
| 09989 | 0 | 0 | 19 | 5 | 0 | 0 |
| 10085 | 2 | 0 | 50 | 3 | 2 | 1 |
| 10156 | 0 | 0 | 1 | 0 | 0 | 0 |
| 10454 | 0 | 0 | 12 | 1 | 0 | 0 |
| 10547 | 0 | 0 | 2 | 0 | 0 | 0 |
| 11118 | 0 | 0 | 46 | 3 | 1 | 1 |
| 11175 | 0 | 0 | 8 | 1 | 0 | 0 |

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MAINE EMERGENCY MEDICAL SERVICES

Augusta Fire Department

TABLE 2B: VITAL SIGNS COMPLETION ANALYSIS
FOR TRANSPORTING SERVICES
RECORDS INDICATING EMERGENCY TRANSPORTS
PERIOD COVERED: 01/01/2001 - 12/31/2001

| | TOTAL | ***** VITAL SIGNS ***** | | | | % OF RECORDS |
|-----------------------------|------------|-------------------------|-------------|----------------|-------|--------------|
| | EMERGENCY | | | BLOOD PRESSURE | | WITH PULSE, |
| | TRANSPORTS | PULSE | RESPIRATION | SYS | DIA | RESPIRATION, |
| | ===== | ===== | ===== | ===== | ===== | BP SYSTOLIC |
| STATEWIDE | 99071 | 98% | 98% | 95% | 79% | 94% |
| REGION 3 | 13656 | 98% | 98% | 95% | 76% | 95% |
| 041 Augusta Fire Department | 2196 | 95% | 95% | 90% | 50% | 89% |

MAINE EMERGENCY MEDICAL SERVICES

Augusta Fire Department

TABLE 3B: NUMBER OF RUNS PER TYPE OF MEDICAL CALLS
FOR TRANSPORTING SERVICES
RECORDS INDICATING EMERGENCY TRANSPORTS AND EMERGENCY TRANSFERS
PERIOD COVERED: 01/01/2001 - 12/31/2001

| | TOTAL | | | | | | | | | | |
|-----------------------------|-----------|---------|---------|--------|--------|-------|-------|-------|-------|-------|-------|
| | EMERGENCY | | | POISON | RESPIR | BEHAV | DIA- | SEI- | | OB/ | |
| | RECORDS | MEDICAL | CARDIAC | OD | ATORY | IORAL | BETIC | ZURE | CVA | GYN | OTHER |
| | ===== | ===== | ===== | ===== | ===== | ===== | ===== | ===== | ===== | ===== | ===== |
| STATEWIDE | 105714 | 71865 | 17408 | 2809 | 15048 | 4108 | 2256 | 3414 | 2988 | 1170 | 29205 |
| | | 68% | 16% | 3% | 14% | 4% | 2% | 3% | 3% | 1% | 28% |
| REGION 3 | 14672 | 10448 | 2607 | 406 | 2263 | 666 | 286 | 479 | 381 | 166 | 4176 |
| | | 71% | 18% | 3% | 15% | 5% | 2% | 3% | 3% | 1% | 28% |
| 041 Augusta Fire Department | 2381 | 1614 | 446 | 75 | 305 | 99 | 38 | 101 | 45 | 24 | 625 |
| | | 68% | 19% | 3% | 13% | 4% | 2% | 4% | 2% | 1% | 26% |

TABLE 3B1: NUMBER OF RUNS PER TYPE OF TRAUMA CALLS & CODE 99'S
FOR TRANSPORTING SERVICES
RECORDS INDICATING EMERGENCY TRANSPORTS AND EMERGENCY TRANSFERS
PERIOD COVERED: 01/01/2001 - 12/31/2001

| | TOTAL | | MULTI | | | | SOFT | | | | |
|-----------------------------|-----------|--------|---------|--------|--------|-------|--------|-------|-------|-------|---------|
| | EMERGENCY | | SYSTEMS | HEAD | SPINAL | | TISSUE | FRAC- | | CODE | CONC |
| | RECORDS | TRAUMA | TRAUMA | TRAUMA | TRAUMA | BURNS | INJURY | TURES | OTHER | 99 | SUICIDE |
| | ===== | ===== | ===== | ===== | ===== | ===== | ===== | ===== | ===== | ===== | ===== |
| STATEWIDE | 105714 | 28833 | 2058 | 5048 | 5947 | 267 | 12991 | 8287 | 3891 | 890 | 1293 |
| | | 27% | 2% | 5% | 6% | 0% | 12% | 8% | 4% | 1% | 1% |
| REGION 3 | 14672 | 3904 | 280 | 662 | 851 | 30 | 1729 | 1208 | 516 | 116 | 231 |
| | | 27% | 2% | 5% | 6% | 0% | 12% | 8% | 4% | 1% | 2% |
| 041 Augusta Fire Department | 2381 | 604 | 41 | 106 | 129 | 6 | 251 | 177 | 82 | 17 | 33 |
| | | 25% | 2% | 4% | 5% | 0% | 11% | 7% | 3% | 1% | 1% |

MAINE EMERGENCY MEDICAL SERVICES

Augusta Fire Department

TABLE 4B: RESPONSE TIME AVERAGE AND FREQUENCIES
FOR TRANSPORTING SERVICES
RECORDS INDICATING EMERGENCY TRANSPORTS
PERIOD COVERED: 01/01/2001 - 12/31/2001

| | TOTAL EMERGENCY TRANSPORTS ===== | RECORDS WITH TIMES ===== | | AVERAGE RESPONSE TIME ===== | TOTAL RECORDS BY RANGE ===== | | | | | | | |
|-----------------------------|-------------------------------------------|-----------------------------|---------|--------------------------------------|---------------------------------|-------|---------|-------|----------|-------|---------|-------|
| | | TOTAL | PERCENT | | 0-4 MIN | | 5-8 MIN | | 9-12 MIN | | >12 MIN | |
| | | # | % | | # | % | # | % | # | % | # | % |
| | | ===== | ===== | | ===== | ===== | ===== | ===== | ===== | ===== | ===== | ===== |
| STATEWIDE | 99071 | 97540 | 98% | : 08 | 33130 | 34% | 30920 | 32% | 15578 | 16% | 17912 | 18% |
| REGION 3 | 13656 | 13470 | 99% | : 08 | 4033 | 30% | 4243 | 31% | 2228 | 17% | 2966 | 22% |
| 041 Augusta Fire Department | 2196 | 2170 | 99% | : 05 | 880 | 41% | 915 | 42% | 269 | 12% | 106 | 5% |

MAINE EMERGENCY MEDICAL SERVICES

Augusta Fire Department

TABLE 5B: TOTAL RUNS PER TYPE OF RUN
FOR TRANSPORTING SERVICES
PERIOD COVERED: 01/01/2001 - 12/31/2001

| | TOTAL RECORDS | EMERGENCY TRANSPORT | | EMERGENCY TRANSFER | | ROUTINE TRANSFER | | NO TRANSPORT | | REFUSED TREATMENT | | STANDBY | | CANCELED ENROUTE | |
|-----------------------------|------------------|------------------------|-----|-----------------------|----|---------------------|-----|--------------|-----|----------------------|----|---------|----|---------------------|----|
| | | # | % | # | % | # | % | # | % | # | % | # | % | # | % |
| | ===== | ===== | | ===== | | ===== | | ===== | | ===== | | ===== | | ===== | |
| STATEWIDE | 198227 | 99071 | 50% | 6643 | 3% | 56600 | 29% | 14901 | 8% | 14109 | 7% | 2239 | 1% | 4664 | 2% |
| REGION 3 | 26179 | 13656 | 52% | 1016 | 4% | 7086 | 27% | 1758 | 7% | 1899 | 7% | 131 | 1% | 633 | 2% |
| 041 Augusta Fire Department | 4129 | 2196 | 53% | 185 | 4% | 759 | 18% | 606 | 15% | 335 | 8% | 6 | 0% | 42 | 1% |

MAINE EMERGENCY MEDICAL SERVICES

Augusta Fire Department

TABLE 6: PEAK ACTIVITY BY DAY OF WEEK
PERIOD COVERED: 01/01/2001 - 12/31/2001

| TIME OF CALL ===== | TOTAL # RECORDS | | MONDAY ===== | TUESDAY ===== | WEDNESDAY ===== | THURSDAY ===== | FRIDAY ===== | SATURDAY ===== | SUNDAY ===== |
|-----------------------|--------------------|------|-----------------|------------------|--------------------|-------------------|-----------------|-------------------|-----------------|
| | # | % | | | | | | | |
| 0001 - 0400 | 327 | 8% | 41 | 52 | 47 | 34 | 41 | 73 | 39 |
| 0401 - 0800 | 419 | 10% | 54 | 57 | 77 | 56 | 62 | 59 | 54 |
| 0801 - 1200 | 926 | 22% | 124 | 154 | 146 | 143 | 141 | 116 | 102 |
| 1201 - 1600 | 1003 | 24% | 167 | 135 | 150 | 155 | 140 | 142 | 114 |
| 1601 - 2000 | 766 | 19% | 103 | 131 | 138 | 92 | 107 | 105 | 90 |
| 2001 - 2400 | 551 | 13% | 91 | 70 | 83 | 74 | 92 | 72 | 69 |
| UNKNOWN | 137 | 3% | 24 | 11 | 24 | 22 | 30 | 12 | 14 |
| TOTAL RECORDS | 4129 | 100% | 604 | 610 | 665 | 576 | 613 | 579 | 482 |

MAINE EMERGENCY MEDICAL SERVICES

Augusta Fire Department

TABLE 9: AED TIME AVERAGE AND FREQUENCIES
FOR TRANSPORTING SERVICES
RECORDS INDICATING EMERGENCY TRANSPORTS
PERIOD COVERED: 01/01/2001 - 12/31/2001

| | TOTAL TRANSPORTS WITH AED ===== | RECORDS W/VALID TIMES ===== | | | AVERAGE TIME TO AED ===== | TOTAL RECORDS BY RANGE ===== | | | | | | | | | | | | | |
|-----------------------------|------------------------------------------|--------------------------------|-----------------------|------|------------------------------------|---------------------------------|----|-----|---|-----|---|-----|--|---------|--|----------|--|---------|--|
| | | TOTAL # ===== | PERCENT % ===== | | | 1-2 MIN | | | | | | | | 3-6 MIN | | 7-10 MIN | | >10 MIN | |
| | | | | | | # | | # | | # | | # | | # | | # | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| STATEWIDE | 161 | 63 | 39% | : 05 | 35 | 56% | 14 | 22% | 5 | 8% | 9 | 14% | | | | | | | |
| REGION 3 | 19 | 8 | 42% | : 04 | 4 | 50% | 2 | 25% | 1 | 13% | 1 | 13% | | | | | | | |
| 041 Augusta Fire Department | 1 | 0 | 0% | : | 0 | % | 0 | % | 0 | % | 0 | % | | | | | | | |

MAINE EMERGENCY MEDICAL SERVICES

Augusta Fire Department

TABLE 10: DEFIB/CVERT TIME AVERAGE AND FREQUENCIES
FOR TRANSPORTING SERVICES
RECORDS INDICATING EMERGENCY TRANSPORTS
PERIOD COVERED: 01/01/2001 - 12/31/2001

| | TOTAL TRANSPORTS W/ DEFIB/CVERT ===== | RECORDS W/VALID TIMES ===== | | | TOTAL RECORDS BY RANGE ===== | | | | | | | |
|-----------------------------|------------------------------------------------|--------------------------------|-----------------------|--------------------------------------------|---------------------------------|-----|---------|-----|----------|-----|---------|-----|
| | | TOTAL # ===== | PERCENT % ===== | AVERAGE TIME TO DEFIB/CVERT ===== | 1-2 MIN | | 3-6 MIN | | 7-10 MIN | | >10 MIN | |
| | | | | | # | % | # | % | # | % | # | % |
| | | | | | | | | | | | | |
| STATEWIDE | 406 | 269 | 66% | : 09 | 72 | 27% | 82 | 30% | 32 | 12% | 83 | 31% |
| REGION 3 | 60 | 35 | 58% | : 08 | 9 | 26% | 11 | 31% | 5 | 14% | 10 | 29% |
| 041 Augusta Fire Department | 13 | 2 | 15% | : 08 | 1 | 50% | 0 | 0% | 0 | 0% | 1 | 50% |

MAINE EMERGENCY MEDICAL SERVICES

Augusta Fire Department

TABLE 11: MEDICATION TIME AVERAGE AND FREQUENCIES
FOR TRANSPORTING SERVICES
RECORDS INDICATING EMERGENCY TRANSPORTS
PERIOD COVERED: 01/01/2001 - 12/31/2001

| | TOTAL TRANSPORTS WITH MEDS ===== | RECORDS W/VALID TIMES | | | TOTAL RECORDS BY RANGE | | | | | | | |
|-----------------------------|-------------------------------------------|-----------------------|---------|----------|------------------------|-------|---------|-------|----------|-------|---------|-------|
| | | ===== | | AVERAGE | ===== | | | | | | | |
| | | TOTAL | PERCENT | TIME TO | 1-2 MIN | | 3-6 MIN | | 7-10 MIN | | >10 MIN | |
| | | # | % | MEDICATN | # | % | # | % | # | % | # | % |
| | | ===== | ===== | ===== | ===== | ===== | ===== | ===== | ===== | ===== | ===== | ===== |
| STATEWIDE | 18259 | 14929 | 82% | : 16 | 1076 | 7% | 1916 | 13% | 2239 | 15% | 9698 | 65% |
| REGION 3 | 3539 | 2607 | 74% | : 15 | 191 | 7% | 331 | 13% | 421 | 16% | 1664 | 64% |
| 041 Augusta Fire Department | 484 | 187 | 39% | : 08 | 39 | 21% | 42 | 22% | 50 | 27% | 56 | 30% |